REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website					e		
STATEMENT	67	75-16-9765	OME	B No. 1545-0	DO8 FAST! Us	e 💮		e a	at www.irs.	gov/efile.	
b Employer identification number				1 \	1 Wages, tips, other compensation			2 Federal income tax withheld			
22-7374544					120720.41			21941.89			
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld			
Hill, Morrison and Tucker Ltd					107158.22			8197.6			
2425 Carl Parks				5 N	5 Medicare wages and tips			6 Medicare tax withheld			
					151977.66				4407.35		
New Christ	New Christopherfort DE 41100-3259				7 Social security tips			8 Allocated tips			
					107158.22			151977.66			
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits			
2724257								255			
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12			
,					171			G 1779			
Timothy Morgan					13 Statutory Retirement Third-party employee plan sick pay						
51718 Walker Lodge					oyee plan	SICK Pay			412		
Mayton DE 89855-6582					14 Other (see enclosed Notice to Employee)						
								270			
								12d			
								D .	434		
f Employee's address and ZIP	anda							י	4J4		
15 State Employer's state ID		16 State wages, tips, etc.	17 State income t	ax	18 Local wages, tips, o	etc. 19	9 Local inc	ome tax	2	0 Locality	name
KY 464-8	39-739	65666.59	2443.89		108953.49	1	9380	.16	к	aren M	(eadow
NM 074-2	22-800	66000.63	2665.57		105212.58	1	4449	. 8	J	eremy T	errace

Wage and Tax

Statement Form W-2

5070

Department of the Treasury--Internal Revenue Service

Copy B--To Be Filed with Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

R	EISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	ATEMENT	67	75-16-9765	OME	OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.							
b Employ	b Employer identification number				1 V	,			2 Federal income tax withheld			
22-7374544					120720.41			21941.89				
c Employ	c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld			
Hill, Morrison and Tucker Ltd					107158.22			8197.6				
2425 Carl Parks				5 N	5 Medicare wages and tips			6 Medicare tax withheld				
					151977.66			4407.35				
1	New Christopherfort DE 41100-3259				7 8	7 Social security tips			8 Allocated tips			
					107158.22			151977.66				
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits				
2	2724257								255			
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12				
Timothy Morgan					171			G 1779				
				13 Statu			12b					
51718 Walker Lodge				empl	pyee plan sick pay			412				
Mayton DE 89855-6582				14 (14 Other (see enclosed Notice to Employee)			12c				
								270				
								12d				
									D 434			
f Employee's address and ZIP code												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income to	ЭX	3.,,,,,,,,		ocal income tax	20 Locality name			
KY	464-89	739	65666.59	2443.89		108953.49	193	380.16		Karen Meadow		
NM	074-22	-800	66000.63	2665.57		105212.58	144	449.8		Jeremy Terrace		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

