REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website								
STATEMENT 248-19-0118	OMB N	lo. 1545-00	08 FAST! Use			e	at www.ir	s.gov/efile.		
b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld				
84-2732344			78167.08			27743.49				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Murray-Pearson Group			77416.87			5922.39				
430 Hector Tunnel Kellyport IN 38517-7445			5 Medicare wages and tips			6 Medicare tax withheld				
			56402.07				1635.66			
			7 Social security tips				8 Allocated tips			
			77416.87			56402.07				
d Control number			9 Advance EIC payment 10			Dependent care benefits				
1703019						106				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Caroline Frederick			201			D 1794				
			13 Statutory Retirement Third-party			12b				
63548 Alvarado Points			employee plan sick pay			G 208				
North Timothyfort NC 27424-2478			14 Other (see enclosed Notice to Employee)			i				
							238			
		1			12d					
						н	447			
f Employee's address and ZIP code						11	77/			
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc	c. 19	Docal inc	ome tax		20 Locality name		
UT 841-32-443 40606.28	4097.05		85911.07	1	1432	. 63		Rowland Haven		
MO 603-75-084 40595.95	3737.71		95449.62	1	5436	.81		Amy Circles		

Wage and Tax

Form W-2 Statement

5010

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.

F	REISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required						
	TATEMENT	24	18-19-0118	OMB N	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 Emplo	b Employer identification number			1 V	Vages, tips, other compensation		2 Federal income tax withheld				
84-2732344			78167.08			27743.49					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Murray-Pearson Group			77416.87			5922.39					
430 Hector Tunnel				5 Medicare wages and tips			6 Medicare tax withheld				
Kellyport IN 38517-7445			56402.07			1635.66					
			7 Social security tips			8 Allocated tips					
				77416.87			56402.07				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
1703019							106				
e Employee's first name and initial Last name			11 Nonqualified plans 12a				See instructions for box 12				
Caroline Frederick			201			D 1794					
	Caroline Frederick			13 Statutory Retirement Third-party employee plan sick pay			12b		I		
63548 Alvarado Points							G 208				
North Timothyfort NC 27424-2478			14 Other (see enclosed Notice to Employee)			12c		l			
							G 238				
								12d		1	
									н	447	
	yee's address and ZIP code		1 -	1			Ш				1
15 State	Employer's state ID nur		16 State wages, tips, etc.	17 State income tax		10		Decal income tax			20 Locality name
UT	841-32	-443	40606.28	4097.05		85911.07	11	432	. 63		Rowland Haven
мо	603-75	-084	40595.95	3737.71		95449.62 1		L5436.81			Amy Circles

Wage and Tax

Form W-2 **Statement**Copy C For EMPLOYEE'S RECORDS.
(See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

