REISSUED		ial security number			Safe	, Accurate,	e D	w H		Visit the	IRS Webs	ite
STATEMEN	- 3	60-40-7097	OMB N	o. 1545-0	008 FAS	T! Use	U		E	at www.i	rs.gov/efile).
b Employer identification number				1 '	1 Wages, tips, other compensation				Federal income tax withheld			
57-0609728					188592.89				36958.8			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld				
Patterson, Williams and Collins Group				175362.33				13415.22				
2591 Pamela Tunnel Suite 195 Martinezborough MS 09087-0805				5 Medicare wages and tips				6 Medicare tax withheld				
				229801.28				6664.24				
				7 Social security tips				8 Allocated tips				
					175362.33			229801.28				
d Control number				9 Advance EIC payment 10 Depend				dent care benefits				
764698								193				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
Ashley Jackson				142				D 9871				
				13 Statutory Retirement Third-party employee plan sick pay				12b		ı		
692 David Circle					X X				н 945			
Lake Aaronchester SD 87260-3582				Other (see enclosed Notice to Employee)			12c					
							977					
								12d				
									н	291		
f Employee's address an	I ZIP code						-					
15 State Employer's s	ate ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages	s, tips, etc.	19 L	ocal inco	ome tax		20 Locality	/ name
KS 42	7-11-705	100850.49	4572.34		215579	. 21	32	141.	. 59		Huynh	Rest
WY 06	2-48-119	102725.29	4858.51		225122	. 1	37	481.	. 99		Evans (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	al security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
S	TATEMENT	36	50-40-7097	OMB N	OMB No. 1545-0008 to life 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 \	Vages, tips, other compensation	Federal income tax withheld					
57-0609728					188592.89			36958.8				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Patterson, Williams and Collins Group					175362.33			13415.22				
2591 Pamela Tunnel Suite 195 Martinezborough MS 09087-0805				5 1	Medicare wages and tips	6 Medicare tax withheld 6664.24						
					229801.28							
				7 Social security tips			8 Allocated tips					
					175362.33			229801.28				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits				
	764698							193				
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Ashley Jackson					142	D 9871						
	Ashley Jackson				13 Statu	tory Retirement Third-party oyee plan sick pay	12b	ı				
	692 David Circle				X X			Н	н 945			
	Lake Aaronchester SD 87260-3582				14 Other (see enclosed Notice to Employee)			12c	ı			
Take Marchenes eer 55 07200 3002						977						
								12d	1			
									291			
f Employee's address and ZIP code									1			
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		10 =111		Local income t		20 Locality name		
KS	427-11	L-705	100850.49	4572.34		215579.21 3		2141.59		Huynh Rest		
WY	062-48	3-119	102725.29	4858.51		225122.1	37	481.99)	Evans 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

