REISSUED a Employee's social security number						Safe, Ac	curate,		H	Visit the	IRS Website			
S	TATEMENT	39	6-60-7060	OMB N	o. 1545-00	08 FAST! U	lse 💌	5~	file	at www.i	s.gov/efile.			
b Employer identification number					1 W	1 Wages, tips, other compensation				Federal income tax withheld				
30-3293614					142888.66				22443.25					
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Chavez, Moore and Myers Group					147774.34				11304.74					
02085 Jose Forks Apt. 139					5 Medicare wages and tips				6 Medicare tax withheld					
_					119158.22				3455.59					
Brittanyshire NV 92716-6386				7 Social security tips				8 Allocated tips						
					147774.34				119158.22					
d Control number					9 Advance EIC payment				10 Dependent care benefits					
1867289									280					
e Emplo	yee's first name and initial	Last name			11 Nonqualified plans				12a See instructions for box 12					
	C 1				192				н 2985					
Carolyn Bowers					13 Statutory Retirement Third-party employee plan sick pay				2b	i				
070 Hannah Curve Suite 235					emplo	X	SICK Pay		E	300				
Fletcherborough FL 85064-4451						ther (see enclosed No	otice to Employe	ee) 1:	2c	ı				
								H	882					
							1:	2d	ı					
									D	701				
	yee's address and ZIP code			1			1							
15 State	Employer's state ID numb		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	,		al income tax		20 Locality name			
WI	520-84-	740	77154.0	2480.79		131229.37	7	154	71.43		Derek Roads			
СТ	786-81-	400	72073.75	3462.12		149672.98	3	2034	45.92		Garrett Circle			
Wage and Tax Statement						Department of the TreasuryInternal Revenue Service								

Statement Form W-2 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	al security number					is being furnish 							
STATEMENT 396-60-7060 OMB N				No. 1545-			n, a negligence able and you f			ction may b	e imposed o	n you if			
b Employer identification number					1	Wages, tips, other compensation				2 Federal income tax withheld					
30-3293614							142888.66				22443.25				
c Employer's name, address, and ZIP code							3 Social security wages				4 Social security tax withheld				
Chavez, Moore and Myers Group						147774.34				11304.74					
02085 Jose Forks Apt. 139					5	l				6 Medicare tax withheld					
<u>-</u>						119158.22				3455.59					
Brittanyshire NV 92716-6386					7	7 Social security tips			8	8 Allocated tips					
						147774.34				119158.22					
d Control number						9 Advance EIC payment 10 Dependent care benefits						enefits			
1867289											280				
e Employee's first name and initial Last name					11	11 Nonqualified plans				12a See instructions for box 12					
						192				н 2985					
Carolyn Bowers					13 Statutory Retirement Third-party				12k	D.	i				
070 Hannah Curve Suite 235						employee plan sick pay				E	300				
Fletcherborough FL 85064-4451					14	14 Other (see enclosed Notice to Employee)				12c					
										н	882				
									120	12d					
										D	701				
											701				
15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	ıx	18 Loca	ll wages, tips,	etc.	19 Local	ncome ta	(20 Localit	v name		
WI	520-84		77154.0	2480.79			229.37		1547			Derek	•		
		-		+								†			
CT	786-81	-400	72073.75	3462.12		1496	572.98		2034	5.92		Garrett	Circle		

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

