F	REISSUED	a Employee's socia	l security number				Safe, Accura	ate,	G		Visit the	IRS Website	
S	TATEMENT	58	86-12-1368	OMB N	No. 1545-0	8000	FAST! Use		-7 [[le)	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
99-0149633						190051.38				62699.98			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Marshall-Wilson PLC						232624.53				17795.78			
500 John Park Apt. 345 Kristinaborough IN 66374-2340					5 Medicare wages and tips				6 Medicare tax withheld				
					160019.67				4640.57				
					7 Social security tips				8 Allocated tips				
					232624.53				160019.67				
	ol number				9 Advance EIC payment			10 Dependent care benefits					
3376508								162					
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
Jeremiah Adkins 76828 Danielle Greens Lake Paige VT 78420-6102					105			P 1792					
					13 Statutory Retirement Third-party employee IN Other (see enclosed Notice to Employee)				12b		ı		
										E 842			
									12c		ı		
										H	829		
									12d				
										P	585		
	oyee's address and ZIP cod		T	1		1			<u> </u>			T	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			al wages, tips, etc	-	Local inc			20 Locality name	
WI	131-12	-568	93132.93	5090.58		2142	235.47	33	3247	.22		Salinas Orchard	
KY	528-36	-133	102502.47	4501.52		214	840.91	27	7633	. 55		Gordon Crest	

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.

F	REISSUED	a Employee's soc	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	5	86-12-1368	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					Wages, tips, other compensation		2 Federal income tax withheld				
99-0149633						190051.38		62699.98				
c Employer's name, address, and ZIP code					3 3	Social security wages		4 Social security tax withheld				
Marshall-Wilson PLC						232624.53		17795.78				
	500 John Park Apt. 345				5 1	Medicare wages and tips	,	6 Medicare tax withheld				
Kristinaborough IN 66374-2340						160019.67		4640.57				
					7 5	Social security tips		8 Allocated tips				
						232624.53		160019.67				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	3376508								162			
e Emplo	e Employee's first name and initial Last name					Nonqualified plans	1	12a See instructions for box 12				
						105		P 1792				
	Jeremiah Adkins				13 Statu		1	2b				
76828 Danielle Greens Lake Paige VT 78420-6102					mployee plan sick pay 14 Other (see enclosed Notice to Employee)			E	842			
								120				
					14 (Other (see enclosed Notice to Employe	ee) 1	2C	I			
								н 829				
							1	2d	ı			
								P	585			
f Emplo	f Employee's address and ZIP code											
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loca	al income tax		20 Locality name		
WI	131-12	2-568	93132.93	5090.58		214235.47 3		3247.22		Salinas Orchard		
KY	528-30	6-133	102502.47	4501.52		214840.91	276	33.55		Gordon Crest		

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

