REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website				
STATEMENT 507-61-4378	OMB No. 1545-0	008 FAST! Use	at www.	irs.gov/efile.		
b Employer identification number	1 '	Wages, tips, other compensation	2 Federal income ta	x withheld		
61-8900750		195590.29	50149.19			
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax	4 Social security tax withheld		
Anderson-Conner Group		189503.87	14497.05			
189 Solomon Viaduct Suite 980	5	Medicare wages and tips				
South Andrew KY 64740-6909		220554.8		6396.09		
South Andrew KI 04740-0909	7	Social security tips	•	8 Allocated tips		
		189503.87	2205	220554.8		
d Control number	9	Advance EIC payment	· ·	10 Dependent care benefits		
6082876		193				
e Employee's first name and initial Last name		Nonqualified plans	12a See instructions	12a See instructions for box 12		
No. of the Atlanta		249	6352	6352		
Misty Nunez	13 State	utory Retirement Third-party loyee plan sick pay	12b			
9335 Kayla Walks	emp	Novee plan Sick pay	P 909			
South Brittany CT 10135-4486	14	Other (see enclosed Notice to Employ	ree) 12c			
			118			
			12d			
			P 741			
f Employee's address and ZIP code			"			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	te income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
CA 320-24-660 89395.18 455	1.74	211522.06	28961.33	Elizabeth Overpass		
SD 526-85-303 90347.99 588	4.37	168925.06	38794.34	Mike Court		

Wage and Tax Statement

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	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
ST	TATEMENT	50	07-61-4378	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 Employ	yer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
61-8900750			195590.29			50149.19					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Anderson-Conner Group			189503.87			14497.05					
189 Solomon Viaduct Suite 980 South Andrew KY 64740-6909			5 Medicare wages and tips			6 Medicare tax withheld					
			220554.8			6396.09					
			7 Social security tips			8 Allocated tips					
			189503.87			220554.8					
d Control number			9 Advance EIC payment			10 Dependent care benefits					
6082876							193				
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12						
Misty Nunez 9335 Kayla Walks			249 13 Statutory Retirement Third-party sick pay Dan Statutory Retirement Third-party sick pay X X 14 Other (see enclosed Notice to Employee)			P 909					
South Brittany CT 10135-4486											
							118				
								12d	i		
						P	741				
	yee's address and ZIP co			•							
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name	
CA	320-24	1-660	89395.18	4551.74		211522.06	28	961.33		Elizabeth Overpass	
SD	526-85	5-303	90347.99	5884.37		168925.06	38	794.34		Mike Court	

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

