F	REISSUED	a Employee's socia	l security number				Safe, Accu	rate,			Visit the	IRS Website	
S	TATEMENT	80	05-14-0363	OMB N	o. 1545-(	8000	FAST! Use			le)	at www.i	irs.gov/efile.	
<b>b</b> Emplo	yer identification number			*	1 Wages, tips, other compensation				2	Federal income tax withheld			
24-2696478					186365.08				3	37074.7			
<b>c</b> Emplo	yer's name, address, and 2	IP code			3 Social security wages				4	4 Social security tax withheld			
Rhodes, Anderson and Bailey Group					215958.59				1	16520.83			
098 Pierce Bridge					5 Medicare wages and tips				6				
	Zimmermantown DC 63010-7518				163189.36					4732.49			
	Zimmermanto	wn DC 6	3010-7318		7 Social security tips				8	8 Allocated tips			
					215958.59					163189.36			
<b>d</b> Contro	ol number				9 Advance EIC payment			10	10 Dependent care benefits				
525081									213				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
					122				9408				
	Matthew Morris 4513 Whitney Fort Suite 173 Roberthaven KY 21434-3971				13 Statutory Retirement Third-party employee plan Sick pay  X X X X X X X X X X X X X X X X X X X				12b	12b			
										803			
									e) 12c	12c			
Roberthaven Kr 21434-3971										739			
										12d			
						!				н	814		
f Employee's address and ZIP code											011		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Loc	cal wages, tips, e	tc. 1	19 Local in	come ta:	(	20 Locality name	
LA	492-48	-867	98388.44	5982.69		232298.44 3		30880	0880.34		Michelle Throughway		
ME	292-10	292-10-179 100174.2 6248.13		143222.92 2		21132.92		Ana Shores					

Wage and Tax Statement

Form W-2

5010

Cut here. Keep lower portion for your records.

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.

F	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are requ								ice. If you are required			
_	TATEMENT	80	05-14-0363	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>b</b> Emplo	b Employer identification number					Vages, tips, other compensation	2 Federal income tax withheld					
24-2696478					186365.08			37074.7				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Rhodes, Anderson and Bailey Group					215958.59			16520.83				
	098 Pierce Bridge				5 N	ledicare wages and tips	6 Medicare tax withheld					
_					163189.36	4732.49						
	Zimmermantown DC 63010-7518					ocial security tips	8 Allocated tips					
						215958.59	163189.36					
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	525081								213			
e Emplo	yee's first name and initial	Last name	e		11 Nonqualified plans			12a See instructions for box 12				
	Matthew Morris 4513 Whitney Fort Suite 173 Roberthaven KY 21434-3971				122			9408				
					13 Statu emple		12b					
					X X							
					14 (	Other (see enclosed Notice to Employ	12c					
							739					
									12d			
									0.1.4			
							н 814					
f Employee's address and ZIP code					T				T			
15 State	Employer's state ID nu	3,7,7,7,7		17 State income tax	3.7, 1.7,			D Local income tax 20 Locality name				
LA	492-48	-867	98388.44	5982.69	232298.44 30		30	0880.34		Michelle Throughway		
ME	292-10-179 100174.2 6248.13		6248.13	143222.92		21132.92			Ana Shores			

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

