| R | REISSUED | a Employee's socia | ll security number | | | | Safe, Accu | rate, | 0 .6 | | Visit the | IRS Website | |
|--|--|---|--------------------|-------------------------------|-------------------------------------|--|-------------|-----------------------------------|----------------------------|--------------------------------|-----------|-------------------|--|
| ST | TATEMENT | 73 | 32-60-0893 | OMB N | o. 1545-0 | 8000 | FAST! Use | e | e~f | 16 | at www.i | rs.gov/efile. | |
| b Employ | yer identification number | | | | 1 Wages, tips, other compensation | | | | 2 | 2 Federal income tax withheld | | | |
| 57-0894716 | | | | | 158492.93 | | | | ! | 55328.66 | | | |
| c Employ | yer's name, address, and 2 | ZIP code | | | 3 Social security wages | | | | 4 | 4 Social security tax withheld | | | |
| Wilkinson, Shepard and Moore Ltd | | | | | 121188.83 | | | | 9 | 9270.95 | | | |
| 9404 James Island Apt. 863 Gonzalezview ID 65325-1474 | | | | | 5 Medicare wages and tips | | | | 6 | | | | |
| | | | | | 161533.11 | | | | | 4684.46 | | | |
| | | | | | 7 Social security tips | | | | 8 | • / modatod upo | | | |
| | | | | | 121188.83 | | | | 161533.11 | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 | 10 Dependent care benefits | | | | |
| 9996396 | | | | | | | | | 207 | | | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | 12a | 12a See instructions for box 12 | | | | | |
| | | _ | | | 285 | | | | E 2862 | | | | |
| - | Ashley J | ones | | | 13 Statutory Retirement Third-party | | | | 12b | | | | |
| | 96197 Malone Parks Apt. 386 Debraberg CA 01578-5645 | | | | | employee plan sick pay 14 Other (see enclosed Notice to Employee) | | | | | 375 | | |
| ١ , | | | | | | | | | | | 1 | | |
| Deblabely CA 01370 3043 | | | | | | | | | | 315 | | | |
| | | | | | | | | | 12d | | | | |
| | | | | | | | | | | E | 339 | | |
| f Employee's address and ZIP code | | | | | | | | | | | ı | | |
| 15 State | Employer's state ID nu | ployer's state ID number 16 State wages, tips, etc. 17 State income tax | | 18 Local wages, tips, etc. 19 | | | 19 Local ir | Local income tax 20 Locality name | | | | | |
| NE | 083-97 | -733 | 80202.35 | 7513.46 | | 159 | 575.02 | | 29792 | .52 | | Schroeder Centers | |
| OK | 028-30 | -911 | 77697.14 | 9077.5 | | 1970 | 008.88 | | 26675 | .94 | | Martinez Shores | |

Wage and Tax
Form W-2 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.

| | REISSUED a Employee's soc | 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 | | | | | | | | | |
|--|--|--|---------------------|---|--|-------------------------|------------------|--------------------------------|-------------------|--|--|
| | STATEMENT 732-60-0893 OMB N Employer identification number | | | this income is taxable and you fail to report it. | | | | | | | |
| | • | 1 Wages, tips, other compensation | | | | | | | | | |
| | 57-0894716 | 158492.93 | | | 55328.66 | | | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Wilkinson, Shepard and Moore Ltd | | | | | 121188.83 | | | 9270.95 | | | |
| 9404 James Island Apt. 863 Gonzalezview ID 65325-1474 | | | | | Medicare wages and tips | 6 Medicare tax withheld | | | | | |
| | | | | | 161533.11 | 4684.46 | | | | | |
| | | | | | Social security tips | 8 Allocated tips | | | | | |
| | | | | | 121188.83 | 161533.11 | | | | | |
| d Contro | l number | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | | |
| | 9996396 | | | | 207 | | | | | | |
| e Emplo | yee's first name and initial Last nam | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | | |
| Achles Topes | | | | | 285 | | | E 2862 | | | |
| | Ashley Jones 96197 Malone Parks Apt. 386 | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | ı | | | |
| | | | | | | | | 375 | | | |
| Debraberg CA 01578-5645 | | | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | |
| Debiabely di 01370 3043 | | | | | | | 315 | | | | |
| | | | | | 12d | 1 | | | | | |
| | | | | | E 339 | | | | | | |
| f Employee's address and ZIP code | | | | | 1 | | | | 1 | | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | 3.7,1, | | Local income tax | | 20 Locality name | | |
| NE | 083-97-733 | 80202.35 | 7513.46 | | 159575.02 | 29 | 792.52 | | Schroeder Centers | | |
| OK | 028-30-911 | 77697.14 | 9077.5 | | 197008.88 | 26 | 675.94 | | Martinez 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

