REISSUED	a Employee's socia	•			Sat	e, Accurate,	e D	Je H		Visit the	IRS Webs	ite	
STATEMENT	73	31-77-8695	OMB N	o. 1545-00	008 FA	ST! Use	J	7	U	at www.i	rs.gov/efile).	
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld					
02-0263623				83423.89				15376.03					
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld					
Fitzgerald-Martin Ltd				81490.77				6234.04					
375 Kayla Ports Lambshire IN 57790-6614				5 Medicare wages and tips				6 Medicare tax withheld					
				82464.76				2391.48					
				7 Social security tips				8 Allocated tips					
						82464.76							
d Control number				9 /	Advance EIC pa	yment		10	Depend	lent care be	enefits		
9185122										270			
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
Michelle Snow				145				3637					
				13 Statutory Retirement Third-party employee plan sick pay				12b					
773 Chad Cove				X X					D 448				
South Richard WV 09369-7565					14 Other (see enclosed Notice to Employee)								
300011 112011012 111 03303 7300			!					P	793				
			1			F	12d						
									P	589			
f Employee's address and ZIP co	de						-						
15 State Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wag	es, tips, etc.	19 L	ocal inco	me tax		20 Locality	/ name	
OK 765-1	7-115	37733.98	3420.47		93418.76 1		10	0258.87			Brown	Wells	
SD 762-33	L-00 4	40647.79	4048.28	100140.23 1		11	11770.69			Anthony	Prairie		

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required										
STATEMENT	7:	31-77-8695	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 Employer identification number				1 Wages, tips, other compensation					2 Federal income tax withheld					
02-0263623				83423.89					15376.03					
c Employer's name, address, and ZIP code				3 Social security wages					4 Social security tax withheld					
Fitzgerald-Martin Ltd				81490.77					6234.04					
375 Kayla Ports				5 Medicare wages and tips					6 Medicare tax withheld					
Lambshire IN 57790-6614				82464.76					2391.48					
				7 Social security tips					8 Allocated tips					
				81490.77					82464.76					
d Control number					9 Advance EIC payment					10 Dependent care benefits				
9185122											270			
e Employee's first name and initial Last name				11 Nonqualified plans					12a See instructions for box 12					
Michelle Snow				145					3637					
				13 State		Retirement	Third-party		12b					
773 Chad Cove					oyee	plan X	sick pay			D	448			
							ice to Employ	ree)	12c					
South Richard WV 09369-7565					J.1.01 (000 ·	311010000 1101	100 to Employ	00,						
										Р	793			
									12d		ı			
										P	589			
f Employee's address and ZIP c	ode										•			
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local	wages, tips,	etc.	19 L	ocal inc	ome tax		20 Localit	y name	
OK 765-1	7-115	37733.98	3420.47	93418.76 1		102	10258.87			Brown	Wells			
SD 762-3	1-004	40647.79	4048.28	100140.23		11'	1770.69			Anthony	Prairie			

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

