RI	REISSUED a Employee's social security number						Safe, Acc	urate,	0	GHO	Visit the	IRS Website		
ST	ATEMENT	00	8-89-2765	OMB N	No. 1545-0	8000	FAST! Us	е	G ~	file	at www.	irs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
11-5098434						202503.49				68994.92				
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld				
Carson, Weiss and Osborne PLC						169268.32				12949.03				
882 Kevin Summit					5 Medicare wages and tips				(6 Medicare tax withheld				
					163714.48					4747.72				
New Kristin NC 46051-1473				7 Social security tips					8 Allocated tips					
						169268.32				163714.48				
d Control number					9	9 Advance EIC payment				10 Dependent care benefits				
3161327											190			
e Employee's first name and initial Last name					11	11 Nonqualified plans				12a See instructions for box 12				
				140					6073					
, c	Colin Murphy				13 Statutory Retirement Third-party				1:	2b				
08801 Norman Camp Davidsonport MN 39475-3869					mployee plan sick pay X Other (see enclosed Notice to Employee)					P 854				
									ee) 1:	12c				
									,	- -				
										P 267				
									1	2d	ĺ			
										E	103			
	ee's address and ZIP code													
15 State	Employer's state ID nur		16 State wages, tips, etc.	17 State income tax		18 Loca	ll wages, tips,	etc.	19 Loca	al income	ax	20 Locality name		
PA	629-36	-031	100420.76	11179.86		1452	229.88		3428	32.61	L	Alan Spring		
MN	489-99	-964	110343.19	11983.68		162	784.25		2152	21.52	<u> </u>	Carl Extension		
	= 500 00		1=====	1======								carr Excension		

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.

REISSUED	a Employee's socia	Il security number			This informati	ion is being furnisl	ned to the Ir	nternal Re	venue Serv	ice. If you	are required			
STATEMENT	to file a tax return, a negligence penalty or other sanction may be imposed or								on you if					
b Employer identification number					this income is taxable and you fail to 1 Wages, tips, other compensation				to report it. 2 Federal income tax withheld					
11-5098434					202503.49				68994.92					
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld					
Carson, Weiss and Osborne PLC					169268.32				12949.03					
882 Kevin Summit					5 Medicare wages and tips 163714.48				6 Medicare tax withheld					
									4747.72					
New Kristin NC 46051-1473				7 Social security tips				8 Allocated tips						
					169268.32				163714.48					
d Control number					9 Advance EIC payment				10 Dependent care benefits					
3161327									190					
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12					
Colin Murphy				140 13 Statutory Retirement Third-party				6073						
08801 Norman Camp Davidsonport MN 39475-3869					x plan sick pay X therefore the control of the con				P 854					
									12c					
Davidsonpoic PM 33473 3003								P 267						
								12d						
								177	102					
	_							E	103					
f Employee's address and ZIP of 15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, t	tips, etc.	19 Local i	ncome tax	(20 Local	lity name			
	6-031	100420.76	11179.86		145229.8	•	3428	2 61			Spring			
	<u> </u>	100420.70	111,3.00		13223.0		34202			man	Spring			
MN 489-9	9-964	110343.19	11983.68		162784.2	25	2152	1.52		Carl E	xtension			

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

