REISSUED a Employee's social security number	2 0.15.11		Safe, Accurate,	SP 1	H_{a}	it the IRS Website		
STATEMENT 578-25-844	3 OMB N	o. 1545-0008	FAST! Use		alv	www.irs.gov/efile.		
b Employer identification number		1 Wages,	tips, other compensation	2	Federal inco	me tax withheld		
24-2826979			90590.41			28590.11		
c Employer's name, address, and ZIP code		3 Social security wages			4 Social security tax withheld			
Greene, Sherman and Dickerson PLC			84439.19			6459.6		
258 Rose Key			5 Medicare wages and tips			6 Medicare tax withheld		
-			68005.26			1972.15		
Heatherborough KY 15929-1423			7 Social security tips			8 Allocated tips		
		84	439.19		68	3005.26		
d Control number		9 Advanc	e EIC payment	10	Dependent of	care benefits		
5815875					26	67		
e Employee's first name and initial Last name		11 Nonqua	lified plans	12a	a See instruc	tions for box 12		
m		13	3		н 15	526		
Travis Wilkerson		13 Statutory	Retirement Third-party	12k	,			
554 Jade Field South Jody IN 96822-4076			employee plan sick pay 14 Other (see enclosed Notice to Employee)			31		
					н 99	94		
				120				
					7.	24		
f Employee's address and ZIP code					12	4 4		
15 State Employee's state ID number 16 State wages, ti	ps. etc. 17 State income tax	18 L	ocal wages, tips, etc.	19 Local	income tax	20 Locality name		
MS 056-46-711 42889.16	,		295.5	1217		Brooks Vista		
				 				
IL 361-38-342 46637.22	2547.36	63	955.97	1146	1.16	George Highway		

Wage and Tax Statement 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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	5	78-25-8443	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					
24-2826979				90590.41			28590.11					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Greene, Sherman and Dickerson PLC				84439.19			6459.6					
258 Rose Key				5 Medicare wages and tips			6 Medicare tax withheld					
Heatherborough KY 15929-1423			68005.26			1972.15						
			7 Social security tips			8 Allocated tips						
				84439.19			68005.26					
d Control number			9 Advance EIC payment			10 Dependent care benefits						
5815875							267					
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box			for box 12						
Travis Wilkerson 554 Jade Field			133			н 1526						
			13 Stat	utory Retirement Third-party ployee plan sick pay		12b	ı					
			Cing	Jian Sick pay			531					
South Jody IN 96822-4076				14	Other (see enclosed Notice to Employ	ee)	12c	i				
							н	994				
							F	12d	100			
							724					
	yee's address and ZIP coo		1	T.= 2		T				T		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income	tax	20 Locality name		
MS	056-46	5-711	42889.16	2429.1		75295.5		2178.6		Brooks Vista		
IL	361-38	3-342	46637.22	2547.36		63955.97	11	461.1	5	George Highway		

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

