F	REISSUED	a Employee's socia	l security number			Safe	, Accurate,	200	H	Visit the	IRS Website	
S	TATEMENT	07	/2-16-4724	OMB No	o. 1545-00	008 FAS	T! Use	SE 1	IIIE	at www.i	rs.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld			
03-8651387						220478.99			30264.53			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Dodson-Keller PLC						216941.59			16596.03			
3529 Cabrera Common						5 Medicare wages and tips			6 Medicare tax withheld			
						183934.4			5334.1			
East Jamesbury OK 03701-3189						7 Social security tips			8 Allocated tips			
						216941	. 59			1839	34.4	
d Control number						9 Advance EIC payment			10 Dependent care benefits			
1759155									158			
e Employee's first name and initial Last name						11 Nonqualified plans			12a See instructions for box 12			
Andrew Sullivan						165			D 6857			
						13 Statutory Retirement Third-party			!b	1		
71200 Karen Inlet						employee plan sick pay			G 143			
North Wendy AR 71277-8105						14 Other (see enclosed Notice to Employee)			12c			
									~	727		
									G 727			
								'4	.u			
										195		
	yee's address and ZIP cod											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wage	s, tips, etc.	19 Loca	I income ta	x	20 Locality name	
GA	591-11	-281	102390.82	12743.08		203511	. 57	2484	7.61		Elizabeth Rest	
ID	325-04	-305	106399.08	10821.75		173142	. 61	3992	1.46		Miller Radial	

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.

REISSUED a Employee's social security r	number				evenue Service. If you are required				
STATEMENT 072-16-4724 °			MB 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 W	ages, tips, other compensation	2 Federa	Federal income tax withheld				
03-8651387			220478.99	3026	30264.53				
c Employer's name, address, and ZIP code		3 Sc	cial security wages	4 Social	4 Social security tax withheld				
Dodson-Keller PLC			216941.59	1659	16596.03				
3529 Cabrera Common			edicare wages and tips	6 Medica	• modicalo tax mamola				
Foot James become OK 027	101 2100		183934.4		5334.1				
East Jamesbury OK 037	01-3189	7 Sc	cial security tips	8 Allocat	8 Allocated tips				
			216941.59		183934.4				
d Control number		9 Ac	vance EIC payment	10 Depen	10 Dependent care benefits				
1759155					158				
e Employee's first name and initial Last name		11 No	nqualified plans	12a See in	12a See instructions for box 12				
			165	D	D 6857				
Andrew Sullivan		13 Statuto		rty 12b					
71200 Karen Inlet		employ	ee plan sick pay	G	143				
North Wendy AR 7127	7_9105	14 Ot	her (see enclosed Notice to Emp	loyee) 12c	12c				
North Wendy AR /12/	7-0103			G	G 727				
				12d	121				
				124	1				
					195				
f Employee's address and ZIP code					T				
	wages, tips, etc. 17 State inc		18 Local wages, tips, etc.	19 Local income ta	x 20 Locality name				
GA 591-11-281 1023	90.82 12743	.08	203511.57	24847.61	Elizabeth Rest				
ID 325-04-305 1063	99.08 10821	. 75	173142.61	39921.46	Miller Radial				

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

