F	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
S	<b>TATEMENT</b>	86	4-85-4990	OMB	No. 1545-00	008 FAST!	Use	G~IL		at www.i	rs.gov/efile.		
<b>b</b> Employer identification number					1 V	1 Wages, tips, other compensation			2 Federal income tax withheld				
30-7615344						165876.71			56484.48				
c Employer's name, address, and ZIP code					3 8	3 Social security wages			4 Social security tax withheld				
Huber-Frazier LLC						149895.1			11466.98				
01044 Taylor Fields Suite 517						5 Medicare wages and tips			6 Medicare tax withheld				
New Bradley MA 07065-5482						181587.59				5266.04			
					7 5					8 Allocated tips			
						149895.1			181587.59				
d Control number						9 Advance EIC payment			10 Dependent care benefits				
1723296									278				
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12				
_						243			7578				
	Anna Murphy					13 Statutory Retirement Third-party							
219 Margaret Rapid						employee plan sick pay				549			
North Williamview LA 60979-9					14 (	14 Other (see enclosed Notice to Employee)				12c			
										D 237			
										12d			
									D	250			
f Employee's address and ZIP code													
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	ıx	18 Local wages, tip	os, etc.	19 Local in	come tax	(	20 Locality name		
IN	146-42	-328	82884.8	5152.73		119448.8	1	31018	.45		Charles Mall		
WI	903-63	-528	76085.01	4664.38		160488.6	5	17172	. 31		Vaughan Meadows		

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.

R	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required								
ST	STATEMENT 864-85-4990			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>b</b> Employer identification number				1 Wages, tips, other compensation			2	2 Federal income tax withheld					
30-7615344				165876.71			5	56484.48					
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Huber-Frazier LLC					149895.1			1	11466.98				
01044 Taylor Fields Suite 517					5 Medicare wages and tips				6 Medicare tax withheld				
	New Bradley MA 07065-5482					181587.59				5266.04			
ı						7 Social security tips				8 Allocated tips			
					149895.1				181587.59				
<b>d</b> Control	d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
1723296										278			
e Employ	e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
					243				7578				
Anna Murphy					13 Statutory Retirement Third-party								
219 Margaret Rapid North Williamview LA 60979-9					x plan sick pay x 14 Other (see enclosed Notice to Employee)				D 549				
									12c				
									D	237			
									12d				
									D	250			
f Employee's address and ZIP code									ע	230			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	1	18 Local wages, tips,	etc.	19 Local inc	ome tax		20 Locality name		
IN	146-42	-328	82884.8	5152.73		119448.81		31018.45			Charles Mall		
WI	903-63	-528	76085.01	4664.38		160488.65		17172	.31		Vaughan Meadows		

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

