| REISSUED a Employee's social security nur | | Safe, Accurate, Visit the IRS Website | | | | IRS Website | | |
|--|--------------------------------------|---------------------------------------|----------------------------------|---------------|--------------------------------|------------------|--|--|
| STATEMENT 475-65-1 | 1463 OMB | No. 1545-0008 | FAST! Use | | at www. | irs.gov/efile. | | |
| b Employer identification number | • | 1 Wa | ges, tips, other compensation | 2 | Federal income ta | x withheld | | |
| 05-3799770 | | | L60930.94 | 2 | 20223.83 | | | |
| c Employer's name, address, and ZIP code | | 3 Soc | cial security wages | 4 | 4 Social security tax withheld | | | |
| Murray-Johnson Inc | | | 116643.71 | 8 | 8923.24 | | | |
| 35250 Jacob Circles South Susan TX 04831-6958 | | | dicare wages and tips | 6 | | | | |
| | | | 164951.77 | | 4783.6 | | | |
| | | | cial security tips | 8 | 8 Allocated tips | | | |
| | | 1 | 116643.71 | | 1649 | 51.77 | | |
| d Control number | | 9 Adv | rance EIC payment | 10 | Dependent care b | enefits | | |
| 9018550 | | | | | 113 | | | |
| e Employee's first name and initial Last name | | 11 Nor | nqualified plans | 12a | See instructions | for box 12 | | |
| Traci Knight | | | L76 | | E 3419 | | | |
| | | | / Retirement Third-part | y 12b | | | | |
| 17715 Hooper Square Sui | te 662 | X | e plan sick pay | | 789 | | | |
| Port Sarah MN 85971-4842 | | | er (see enclosed Notice to Emplo | oyee) 12c | 1 | | | |
| | - | | | | 233 | | | |
| | | | | 12d | | | | |
| | | | | | G 664 | | | |
| f Employee's address and ZIP code | | | | | , | | | |
| 15 State Employer's state ID number 16 State wa | ages, tips, etc. 17 State income tax | x 1 | 8 Local wages, tips, etc. | 19 Local inco | ome tax | 20 Locality name | | |
| RI 648-08-536 73299 | .77 8324.33 | 1 | 155148.71 | 30699 | .29 | David Manor | | |
| ID 985-07-098 76984 | .27 6344.7 | 1 | 40136.08 | 16895 | . 67 | Burke Summit | | |

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.

| | FICCUED | a Employee's soci | al security number | | | This information is being furnish | ned to | the Internal Re | venue Serv | ice. If you are required | |
|---|----------------------------|-------------------|---|---------------------------------------|--|-----------------------------------|---------------------------|--------------------------------|------------|--------------------------|--|
| | CLIOGOLD | • • | • | OMD N | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if | | | | | | |
| | <u> </u> | 4 | 75-65-1463 | OMB N | OMB No. 1545-0008 this income is taxable and you fail to report it. | | | | | | |
| b Employer identification number | | | Wages, tips, other compensation | | | Federal income tax withheld | | | | | |
| 05-3799770 | | | 160930.94 | | | 20223.83 | | | | | |
| c Emplo | yer's name, address, and 2 | ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Murray-Johnson Inc | | | | 116643.71 | | | 8923.24 | | | | |
| 35250 Jacob Circles | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | |
| South Susan TX 04831-6958 | | | 164951.77 | | | 4783.6 | | | | | |
| | | | 7 Social security tips | | | 8 Allocated tips | | | | | |
| | | | | 116643.71 | | | 164951.77 | | | | |
| d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | |
| 9018550 | | | | | | 113 | | | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans 12a Se | | | 12a See ir | e instructions for box 12 | | | | |
| Traci Knight | | | 176 | | | E 3419 | | | | | |
| | | | 13 State | tory Retirement Third-party | | 12b | | | | | |
| 17715 Nagman Company Courts 660 | | | emp X | | | | 789 | | | | |
| 17715 Hooper Square Suite 662 | | | | | | | 109 | | | | |
| Port Sarah MN 85971-4842 | | | 14 (| Other (see enclosed Notice to Employe | ee) | 12c | ı | | | | |
| | | | | | | | 233 | | | | |
| | | | | | | | | 12d | | | |
| | | | | | | | | G | 664 | | |
| f Emplo | yee's address and ZIP cod | ۵ | | | | | | | 1001 | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | 1 | 18 Local wages, tips, etc. | 19 L | Local income ta | x | 20 Locality name | |
| RI | 648-08 | | 73299.77 | 8324.33 | | 155148.71 | 30 | 699.29 | | David Manor | |
| | | | | | | | | | | | |
| ID | 985-07 | -098 | 76984.27 | 6344.7 | | 140136.08 | 16 | 895.67 | | Burke Summit | |

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

