REISSUED	a Employee's socia	l security number			Safe, A	Accurate,	*E~fi	Visit the	IRS Website	
STATEMENT	40	0-65-3869	OMB N	lo. 1545-00	08 FAST!	Use	G~III	at www.	irs.gov/efile.	
b Employer identification number					Wages, tips, other compensation			Federal income tax withheld		
60-1907819					159349.32			29355.45		
c Employer's name, address, and ZIP code				3 8	ocial security wage	s	4	4 Social security tax withheld		
Cox Ltd Inc				131684.57			1	10073.87		
4607 Barber Island Suite 297 Lake Stephanie GA 70433-2643				5 Medicare wages and tips			6			
				161490.79				4683.23		
				7 Social security tips				8 Allocated tips		
					131684.57			161490.79		
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits		
202794								140		
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12		
David Matthews				151				1934		
				13 Statutory Retirement Third-party employee plan sick pay			12b	12b		
36267 Davis Dale Suite 500				X	pyee plan	sick pay		329		
East Spencer OR 18334-4483					14 Other (see enclosed Notice to Employee)			l l		
								343		
			 			12d	12d			
								693		
f Employee's address and ZIP co	ode							1000		
15 State Employer's state ID r		16 State wages, tips, etc.	17 State income tax		18 Local wages,	tips, etc.	19 Local inco	ome tax	20 Locality name	
OR 802-6	8-409	79931.74	7541.08		174197.0	09	16237	. 89	Garcia Ferry	
KY 520-7	9-410	78305.36	6610.07		150780.3	36	22951	. 49	Boyd Drive	

Wage and Tax

Form W-2 Statement

5010

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 soc	•		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						
STATEMENT	4	00-65-3869	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			
60-1907819				159349.32			29355.45			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Cox Ltd Inc				131684.57			10073.87			
4607 Barber Island Suite 297 Lake Stephanie GA 70433-2643				5 Medicare wages and tips			6 Medicare tax withheld			
				161490.79			4683.23			
				7 Social security tips			8 Allocated tips			
				131684.57			161490.79			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
202794							140			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
David Matthews				151 13 Statutory Retirement Third-party employee plan sick pay			1934			
36267 Davis Dale Suite 500				X	jos <u>jour</u> <u>Joseph</u>			329		
East Spencer OR 18334-4483				14 Other (see enclosed Notice to Employee)			12c			
nase spencer on 10334 4403			343							
			12d							
							693			
f Employee's address and ZIF 15 State Employer's state I		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10 1	ocal income tax		20 Locality name	
' '		9			1				1	
OR 802-	68-409	79931.74	7541.08		174197.09	тю	237.89		Garcia Ferry	
ку 520-	79-410	78305.36	6610.07		150780.36	22	951.49		Boyd Drive	

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

