REISSUED a Employee's social security number		Safe, Accurate,	IREO A SELO	Visit the IRS Website		
STATEMENT 464-24-7787	OMB No. 1545-0	OOO8 FAST! Use	rse file	at www.irs.gov/efile.		
b Employer identification number	1	Wages, tips, other compensation	2 Feder	ral income tax withheld		
16-0231618		245953.35	8543	85437.22		
c Employer's name, address, and ZIP code	3	Social security wages	4 Socia	4 Social security tax withheld		
Cox Inc and Sons		218858.01	1674	16742.64		
026 Williams Forks	5	Medicare wages and tips	6 Medic	6 Medicare tax withheld		
D		303750.96		8808.78		
Ramseyport WI 58878-3497	7	Social security tips	8 Alloca	8 Allocated tips		
		218858.01		303750.96		
d Control number	9	Advance EIC payment	10 Depe	ndent care benefits		
5066813				193		
e Employee's first name and initial Last name		Nonqualified plans	12a See i	12a See instructions for box 12		
		159	P	P 1314		
Mr. Derrick	13 Sta					
8447 Rose Club Suite 238	em	ployee plan sick pa	ay	405		
South Patrick MS 74154-4520		Other (see enclosed Notice to Em	nployee) 12c			
			н	143		
			12d	12.10		
				622		
C. Such colored have a 17/5 and				633		
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State	income tax	18 Local wages, tips, etc.	19 Local income to	ax 20 Locality name		
KS 550-67-441 110835.7 7327	.94			Howell Isle		
OK 113-95-550 118391.34 7044	.96	278903.97	38066.88	Tricia Curve		

Wage and Tax

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.

REISSUE	a Employee's se	ocial security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEME	NT	464-24-7787	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	n number		•	1 W	ages, tips, other compensation		2 Fede	ral income ta	ax withheld	
16-0231618			245953.35			85437.22				
c Employer's name, address, and ZIP code			3 Sc	3 Social security wages			4 Social security tax withheld			
Cox Inc and Sons			218858.01			16742.64				
026 Williams Forks Ramseyport WI 58878-3497			5 Medicare wages and tips 303750.96			6 Medicare tax withheld 8808.78				
									7 Social security tips	
			218858.01			303750.96				
			d Control number	d Control number			9 Advance EIC payment			10 Dependent care benefits
506681	5066813						193			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Mr. Derrick 8447 Rose Club Suite 238 South Patrick MS 74154-4520			159			P 1314				
				13 Statutory Retirement Third-party			12b			
			employee plan sick pay 14 Other (see enclosed Notice to Employee)				405			
						12c				
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							12d	ĺ		
						633				
f Employee's address										
1 1	state ID number	16 State wages, tips, etc.	17 State income tax		3,,,,,,,,		9 Local income tax		20 Locality name	
KS 5	50-67-441	110835.7	7327.94	285055.68 3		30	819.74	<u> </u>	Howell Isle	
OK 1	13-95-550	118391.34	7044.96		278903.97	38	066.88	}	Tricia Curve	

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

