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			• Advance	. ,							
	d Control number			9 Advance EIC payment			10 Dependent care benefits				
				3877.18				809.63			
Port Catherine DC 78984-9713					8 A	8 Allocated tips					
			209		6084.48						
<u>-</u>			5 Medicare wages and tips			6 Medicare tax withheld					
Warner-Jones Group			263		20186.6						
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
62-4153875				0 1 1 1							
AILIVILIVI	3 01 1003				ion	2 Fe		•			
LICOULD -	•	OMB No	1545-0008	•	IRS P	v file		v.irs.gov/efile.			
e 5	ATEMENT 50 ATEMENT 50 r identification number 2-4153875 r's name, address, and ZIP code arner-Jones Group 2583 Salinas Forest	ATEMENT 505-61-4685 ridentification number 2-4153875 r's name, address, and ZIP code farner-Jones Group 2583 Salinas Forest	ATEMENT 505-61-4685 OMB No ridentification number 2-4153875 r's name, address, and ZIP code carner-Jones Group 2583 Salinas Forest	ATEMENT   505-61-4685   OMB No. 1545-0008     Tidentification number   2-4153875   226     Tr's name, address, and ZIP code   3 Social s     Social s   2583 Salinas Forest   5 Medicar     Cort Catherine DC 78984-9713   7 Social s	ATEMENT   505-61-4685   OMB No. 1545-0008   FAST! Use	ATEMENT   505-61-4685   OMB No. 1545-0008   FAST! Use   Tidentification number   2-4153875   228800.73     228800.73	ATEMENT   505-61-4685   OMB No. 1545-0008   FAST! Use   Tridentification number   2-4153875   228800.73   25   25   25   25   25   25   25   2	ATEMENT   505-61-4685   OMB No. 1545-0008   FAST! Use   at www.			

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 so	cial security number			This information is being furnis					
STATEMENT	!	505-61-4685	OMB	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 number				1 '				2 Federal income tax withheld		
62-4153875					228800.73			25677.98		
c Employer's name, address, and ZIP code				3 :	3 Social security wages			4 Social security tax withheld		
Warner-Jones Group					263877.18			20186.6		
52583 Salinas Forest Port Catherine DC 78984-9713			5	5 Medicare wages and tips			6 Medicare tax withheld			
			209809.63 7 Social security tips			6084.48 8 Allocated tips				
d Control number			9	9 Advance EIC payment			10 Dependent care benefits			
5281321								264		
Steven Johnson  2356 Yates Mountains Suite 435  East Margaretville ME 03784-5562			11 Nonqualified plans  155  13 Statutory Retirement Third-party employee plan sick pay			12a See instructions for box 12  G 4582  12b  552				
										14 Other (see enclosed Notice to Employee)
			f Employee's address and Z	IP code						12d D
15 State Employer's state		16 State wages, tips, etc.	17 State income tax	(	18 Local wages, tips, etc.	19 Lo	ocal income ta	x	20 Locality name	
ні 754	-70-279	122749.22	7798.63		208667.65	424	132.66		Melissa Driv	
PA 370	-38-469	107999.51	5683.52		188739.17	399	917.77		Lewis Spring	

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

