REISSU	ED a Employee's s	social security number			Safe, Ac	curate,	O AHI		IRS Website			
STATEMI	ENT	064-63-2770	ON	MB No. 1545-00	08 FAST! U	se	erfile.	at www.	irs.gov/efile.			
b Employer identification number				1 V	ages, tips, other com	pensation	2 Fe	Federal income tax withheld				
92-21	24736				42301.27		11	11437.65				
c Employer's name, address, and ZIP code					ocial security wages		4 Social security tax withheld					
Morris and Sons Inc					46268.4		35	3539.53				
18467 Victoria Views				5 N	ledicare wages and tip	S	6 Me	6 Medicare tax withheld				
South Heather RI 83487-9855					30862.86			895.02				
				7 S	ocial security tips		8 All	8 Allocated tips				
					46268.4			30862.86				
d Control number				9 A	dvance EIC payment		10 De	10 Dependent care benefits				
8306611								140				
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12				
					228			D 9497				
Jacqueline Frank				13 Statu		Third-party	12b	1				
12836 Hall Isle				X				825	825			
North Martinborough SD 04628-752				14 C	14 Other (see enclosed Notice to Employee)			ı				
								229				
				12d								
								403				
f Employee's addres						1						
' '	r's state ID number	16 State wages, tips, etc.	17 State income	e tax	3.,,,,,,,,		9 Local income tax		20 Locality name			
OR	844-47-143	22719.6	774.9		45739.67 4		4563.55		Justin Trail			
MS	147-19-936	22291.97	970.75		43424.31 5		5641.32	2	Christine Skyway			

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required									
S	TATEMENT	0	64-63-2770	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 Emplo	b Employer identification number				1 Wages, tips, other compensation					2 Federal income tax withheld				
92-2124736				42301.27					11437.65					
c Employer's name, address, and ZIP code				3 Social security wages					4 Social security tax withheld					
Morris and Sons Inc				46268.4					3539.53					
18467 Victoria Views				5 Medicare wages and tips					6 Medicare tax withheld					
South Heather RI 83487-9855				30862.86					895.02					
				7 Social security tips					8 Allocated tips					
				46268.4					30862.86					
d Control number				9 Advance EIC payment					10 Dependent care benefits					
8306611											140			
e Employee's first name and initial Last name				11 Nonqualified plans					12a See instructions for box 12					
Jacqueline Frank				228					D 9497					
				13 Statu	,	tirement	Third-party		12b					
12836 Hall Isle				employee plan sick pay				825						
				14 (Other (see enc	losed Notic	e to Employ	ree)	12c					
North Martinborough SD 04628-752					(, ,	,		_				
								P 229						
										12d		İ		
								403						
	yee's address and ZIP cod													
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wa		tc.			ome tax		20 Locality	name
OR	844-47	7-143	22719.6	774.9		45739	. 67		450	63.	55		Justin	Trail
MS	147-19	9-936	22291.97	970.75		43424	. 31		564	41.	32		Christine	Skyway

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

