R	EISSUED	ISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website			
ST	ATEMENT	19	3-91-3138	OMB I	No. 1545-	8000	FAST! Us	e	G ~	III	at www.i	irs.gov/efile.	
b Employe	er identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld			
4	17-5542709					168870.53				52700.04			
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld			
Morton-Blevins Inc						181043.13				13849.8			
029 Scott Mission Apt. 341					5	gg				6 Medicare tax withheld			
South David MT 03253-7467					173951.84				5044.6				
South David Mi 03233-7407					7					8 Allocated tips			
						181043.13				173951.84			
d Control					9	9 Advance EIC payment			10	10 Dependent care benefits			
5	5861747					_				268			
e Employee's first name and initial Last name					11	11 Nonqualified plans			12	12a See instructions for box 12			
Jessica Russell 2241 Bell Skyway Suite 239 Eatonchester FL 18273-1773					277					н 8837			
						13 Statutory Retirement Third-party employee plan sick pay				b	1		
					em	14 Other (see enclosed Notice to Employee)				P	919		
					14					С	i		
										H	801		
									12	12d			
										D	877		
f Employee's address and ZIP code											•		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	:	18 Loc	al wages, tips,	etc.	19 Loca	income ta	X	20 Locality name	
IN	431-43	-203	87808.0	8588.7		203	568.42		2870	8.89		Daniels Underpass	
NM	672-01	-318	89516.66	7543.59		168	285.64		2882	6.53		Williams Isle	

Wage and Tax

Form W-2 Statement

5070

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.

F	REISSUED a Employee's social security number					This information is being furnished to the Internal Revenue Service. If you are required						
	TATEMENT	19	3-91-3138	OMB No	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	yer identification number				1 \	Vages, tips, other compensation		Federal income tax withheld				
47-5542709					168870.53			52700.04				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Morton-Blevins Inc					181043.13			13849.8				
029 Scott Mission Apt. 341				5 1	Medicare wages and tips	6 Medicare tax withheld						
	-					173951.84	5044.6					
South David MT 03253-7467					7	Social security tips	8 Allocated tips					
						181043.13	173951.84					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	5861747								268			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Jessica Russell					277	н 8837						
	Jessica Russell				13 Statu	tory Retirement Third-party pyee plan sick pay	12b	i				
	2241 Bell Skyway Suite 239] X	P	919				
Eatonchester FL 18273-1773					14 (Other (see enclosed Notice to Employ	12c	Ī				
								н	801			
								12d	i			
									877			
f Employee's address and ZIP code					<u></u>				•			
15 State	Employer's state ID numb		16 State wages, tips, etc.	17 State income tax		10 = 10 mag 20, np 1, 1 m		Local income tax		20 Locality name		
IN	431-43-	203	87808.0	8588.7		203568.42 2		28708.89		Daniels Underpass		
NM	672-01-	318	89516.66	7543.59	168285.64		28	826.53	Williams Isle			

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

