REISSUED	a Employee's socia	•			Safe, Acc	urate,	w H		isit the IRS Website	9	
STATEMENT	11	L9-05-8361	OMB N	o. 1545-0	008 FAST! U	se	11	al	t www.irs.gov/efile.		
b Employer identification number				1	Wages, tips, other comp	ensation	2	ederal inc	come tax withheld		
45-0216049					180801.38			25360.86			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Fitzgerald-Jones Ltd					234523.05			17941.01			
9251 Orozco Dam					Medicare wages and tipe	3	6 1	6 Medicare tax withheld			
					139049.67			4032.44			
West Markshire PA 88440-9544					7 Social security tips			8 Allocated tips			
					234523.05			1	.39049.67		
d Control number				9 Advance EIC payment			10 Dependent care benefits				
8014738							257				
e Employee's first name and initial	l Last name	9		11	Nonqualified plans		12a	See instru	uctions for box 12		
Wallanda Gandana					272			D 8908			
Yolanda Sanders				13 Statutory Retirement Third-party employee plan sick pay			12b	ı			
315 Larry Lake					X	X		9	35		
Tamarafort AR 59712-4097					14 Other (see enclosed Notice to Employee)			ı			
								D 5	573		
							12d	i			
								6	504		
f Employee's address and ZIP co											
15 State Employer's state ID r		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,		Local inco		20 Locality na	ame	
MT 228-0	5-241	95649.25	3953.39		194604.52	2:	2224.	85	Scott (Oval	
NY 926-8	6-569	81976.38	4127.87		199713.23	2	5544.	22	Whitney Tu	rnpike	

Wage and Tax

Statement Form W-2

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.

REISS	SUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATE		11	19-05-8361	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 number					1 Wages, tips, other compensation			2 Federal income tax withheld			
45-0216049					180801.38			25360.86			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Fitzgerald-Jones Ltd				234523.05			17941.01				
9251 Orozco Dam				5 Medicare wages and tips			6 Medicare tax withheld				
West Markshire PA 88440-9544						139049.67		4032.44			
					7 Social security tips			8 Allocated tips			
						234523.05		139049.67			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
8014738								257			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Yolanda Sanders 315 Larry Lake Tamarafort AR 59712-4097				272 13 Statutory Retirement Third-party			D 8908				
				emplo			12b	935			
				14 Other (see enclosed Notice to Employee)			12c				
Tamararore AN 33/12 403/							D 573				
							12d				
							604				
	dress and ZIP cod		T								
1 '	oloyer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		cal income tax		20 Locality name	
MT	228-05	5-241	95649.25	3953.39		194604.52 22		224.85		Scott Oval	
NY	926-86	5-569	81976.38	4127.87		199713.23	255	644.22		Whitney Turnpike	

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

