KEIGGGEB					ccurate,	0.4	Visit the IRS Website			
STATEMENT 2	68-90-4268	OMB N	o. 1545-00	08 FAST! I	Jse -			at www.ir	s.gov/efile.	
b Employer identification number			1 V	/ages, tips, other con	npensation	2	Federal	income tax	withheld	
92-5005736		232176.58				75249.03				
c Employer's name, address, and ZIP code	3 Social security wages			4	4 Social security tax withheld					
Peters, Benson and B	247623.99			1	18943.24					
5772 Kristina Center	5 Medicare wages and tips				6 Medicare tax withheld					
South Michael GA	246232.97				7140.76					
South Michael GA 74743-0445				7 Social security tips			8 Allocated tips			
				247623.9	9			24623	32.97	
d Control number				9 Advance EIC payment 10 Dependent care benefit				nefits		
3470922								208		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Connor Scott				211			6998			
				13 Statutory Retirement Third-party employee plan sick pay				12b		
150 Simpson Island	empic	nyee pian	SICK Pay		н	724				
Ericaburgh MN	09126-5156		14 C	ther (see enclosed N	otice to Employe	ee) 12c				
Bricabargii in	03120 3130							719		
						12d				
							D	362		
f Employee's address and ZIP code										
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	ļ	18 Local wages, tip	s, etc.	19 Local inc	come tax		20 Locality name	
MO 285-79-551	108178.4	9767.15		215970.4	3	44331	.39		Misty Village	
NE 159-39-480	106462.89	10859.36		251309.3	4	32359	. 64		Michelle Squares	

Wage and Tax

5070 **Statement** Form W-2

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.

	EISSUED	a Employee's soci	-	,	OMPAN	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	TATEMENT	2	68-90-4268	3	OMB NO	this income is taxable and you fail to report it.							
b Employer identification number						1 Wages, tips, other compensation				Federal income tax withheld			
92-5005736					232176.58			75249.03					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld					
Peters, Benson and Riley PLC					247623.99			18943.24					
5772 Kristina Center					5 Medicare wages and tips			6 Medicare tax withheld					
South Michael GA 74743-0445					246232.97				7140.76				
					7 Social security tips			8 Allocated tips					
						247623.99				246232.97			
d Control number					9 Advance EIC payment				10 Dependent care benefits				
3470922									208				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
Connor Scott					211					6998			
					13 Statutory Retirement Third-party employee plan sick pay			12b	1				
150 Simpson Islands									н 724				
Ericaburgh MN 09126-5156					14	Other (see enclosed No	otice to Employ	yee)	12c				
Elicabulgh FM 09120-3130										719			
					12d								
										_			
										D	362		
	yee's address and ZIP coo		140.00	1	47.00-1-1-1-1-1		140 1	-1-	140			00 1	
15 State	Employer's state ID no		16 State wages, tips	*	17 State income tax		18 Local wages, tips			Local income		20 Locality name	
MO	285-79	9-551	108178.4		9767.15		215970.43	3 	44	331.39) 	Misty Village	
NE	159-39	9-480	106462.89	9	10859.36		251309.34	Į.	32	359.64	Į.	Michelle Squares	

Cut here. Keep lower portion for your records.

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

