R	REISSUED	a Employee's socia	I security number			Sat	e, Accurate,	RS O	H	Visit the	IRS Website		
ST	FATEMENT	17	6-25-7940	OMB N	o. 1545-	0008 FA	ST! Use		ile)	at www.i	rs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation			2	2 Federal income tax withheld				
30-7554983						211372.13				34161.54			
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4 Social security tax withheld				
Wagner, Jacobs and Haney and Sons					210065.41				16070.0				
61171 Martin Corner Apt. 963 Bowmanborough UT 51844-9881					5 Medicare wages and tips				6 Medicare tax withheld				
					177795.36				5156.07				
	Bowillanborough of S1044-9001					7 Social security tips				8 Allocated tips			
					210065.41				177795.36				
d Contro					9 Advance EIC payment			10	10 Dependent care benefits				
2849820									233				
e Employee's first name and initial Last name				11 Nonqualified plans			12:	12a See instructions for box 12					
					107				4871				
	Tammy Macdonald				13 Statutory Retirement Third-party			/ 121)				
267 Austin Unions Suite 494 Lake Joshuaside NJ 74371-6205					employee plan sick pay X 14 Other (see enclosed Notice to Employee)				P	762			
									:				
									E	930			
				120				12d					
									-	1			
									E	325			
	yee's address and ZIP cod		T	T.=							1		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		_			Local income tax		20 Locality name		
PA	982-24	-764	98322.53	7631.62		168570	. 65	3628	5.23		Yu Meadow		
RI	327-58	-887	108332.51	9423.16		201297	. 37	2963	9.86		Matthew Lock		

Wage and Tax Statement 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.

	REISSUED	1	ial security number	OMP N	This information is being furnished to the Internal Revenue Service. If you are required OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT 170 25 7940				this income is taxable and you fail to report it.							
	b Employer identification number					1 Wages, tips, other compensation						
30-7554983					211372.13			34161.54				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Wagner, Jacobs and Haney and Sons					210065.41			16070.0				
	61171 Martin Corner Apt. 963					5 Medicare wages and tips			6 Medicare tax withheld			
-					177795.36			5156.07				
	Bowmanborough UT 51844-9881					7 Social security tips			8 Allocated tips			
						210065.41			177795.36			
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	2849820								233			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Tammy Macdonald 267 Austin Unions Suite 494				107 13 Statutory Retirement Third-party employee plan sick pay X 14 Other (see enclosed Notice to Employee)			4871 12b P 762					
Lake Joshuaside NJ 74371-6205												
						!			930			
								12d	930			
									E 325			
f Emplo 15 State	f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax			18 Local wages, tips, etc. 19			Local income tax 20 Locality name					
PA	982-24		98322.53	7631.62	· · · · · · · · · · · · · · · · · · ·			36285.23		Yu Meadow		
FA	302-24	2-/04	30322.33	1031.02		100070.00	30	205.25		IU MeadOW		
RI	327-58	3-887	108332.51	9423.16		201297.37	29	639.86		Matthew Lock		

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

