F	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
S	TATEMENT	74	19-31-0897	OMB	No. 1545-00	08 FAST! Use			٦	at www.i	rs.gov/efile.		
	yer identification number				1 W	1 Wages, tips, other compensation			Federal income tax withheld				
	16-7087318					171350.77			43597.33				
c Employer's name, address, and ZIP code					<b>3</b> S	3 Social security wages			4 Social security tax withheld				
Gordon, Meyers and Donaldson PLC						208310.31			15935.74				
1673 Alyssa Corners					5 M				6 Medicare tax withheld				
_						192491.74			5582.26				
	Lake Jason WY 66701-0857					7 Social security tips				8 Allocated tips			
						208310.31			192491.74				
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
2151462									196				
e Emplo	yee's first name and initial	Last name	9		11 N	11 Nonqualified plans			12a See instructions for box 12				
		_				201			6783				
John Watkins						13 Statutory Retirement Third-party				1			
525 Miller Rue Suite 193					<b>X</b>	yee plan	sick pay			303			
East Brenda WV 77248-3377					<b>14</b> O	ther (see enclosed Notice	to Employee)	12c		Ī			
										716			
									12d				
									н	478			
f Employee's address and ZIP code										1			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	(	18 Local wages, tips, et	c. 19	Local inco	ome tax		20 Locality name		
OK	597-70	-011	94131.82	9065.0		214176.94	2	1233	.12		Isaac Fields		
NH	657-38	-856	92458.8	11443.69		165088.19	3	0103	24		Richard Crest		
Wage and Tax						Department of the TreasuryInternal Revenue Service							
Form W-2 Statement						,		,					

**Statement** Form W-2 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.

RE	ISSUED	a Employee's socia	al security number		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							
STA	TEMENT	74	19-31-0897	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
<b>b</b> Employer	b Employer identification number					Wages, tips, other compensation			Federal income tax withheld			
16-7087318					171350.77			43597.33				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Gordon, Meyers and Donaldson PLC					208310.31			15935.74				
1673 Alyssa Corners Lake Jason WY 66701-0857					5	Medicare wages and tips	6 Medicare tax withheld 5582.26					
						192491.74						
					7	Social security tips	8 Allocated tips					
					208310.31			192491.74				
d Control nu	d Control number					9 Advance EIC payment			10 Dependent care benefits			
21	2151462								196			
e Employee	e's first name and initial	Last name	9		11 Nonqualified plans			12a See instructions for box 12				
_	John Watkins					201			6783			
J.						13 Statutory Retirement Third-party employee plan sick pay			12b			
525 Miller Rue Suite 193					X Sick pay							
E	East Brenda WV 77248-3377					14 Other (see enclosed Notice to Employee)			12c			
	Last Blenda WV //240 33//							716				
									12d			
									478			
f Employee's address and ZIP code												
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		1.0 =====g==,p=, ===		Local income tax		20 Locality name		
OK	597-70	)-011	94131.82	9065.0		214176.94	21	233.12		Isaac Fields		
NH	657-38	3-856	92458.8	11443.69		165088.19	30	103.24		Richard Crest		

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

