REISSUED a Employee's social security number		Safe, Accurate,		e IRS Website		
STATEMENT 486-78-7777	OMB No. 1545-0	008 FAST! Use	at www	v.irs.gov/efile.		
b Employer identification number	1	Wages, tips, other compensation	2 Federal income	Federal income tax withheld		
27-2304573		132218.02	47167.89	47167.89		
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security to	4 Social security tax withheld		
Wiley, Richardson and Fuentes Ltd		95774.95	7326.78	7326.78		
397 Alan Rue	5	Medicare wages and tips				
Karaborough AK 55845-1441		119499.85		3465.5		
Raiabolough AN 55645-1441	7	Social security tips		8 Allocated tips		
	9	95774.95		499.85		
d Control number		Advance EIC payment	10 Dependent care	benefits		
8125827			289			
e Employee's first name and initial Last name		Nonqualified plans	12a See instruction	12a See instructions for box 12		
Michael Mclaughlin		127	549	5495		
		utory Retirement Third-party loyee plan sick pay	/ 12b			
7131 Jones Divide Suite 614	X		P 231			
North Andrew NM 78429-9291		Other (see enclosed Notice to Emplo	yee) 12c			
			G 573			
			12d			
			D 352			
f Employee's address and ZIP code						
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	ate income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
NE 781-43-440 66787.22 571	8.65	116835.73	24800.68	Mosley Ferry		
TN 810-50-973 62826.48 554	19.06	120384.59	25901.84	James Summit		

Wage and Tax Statement

5010

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	48	36-78-7777	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 Emplo	b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
27-2304573			132218.02			47167.89					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Wiley, Richardson and Fuentes Ltd			95774.95			7326.78					
397 Alan Rue			5 Medicare wages and tips			6 Medicare tax withheld					
Karaborough AK 55845-1441			119499.85			3465.5					
			7 Social security tips			8 Allocated tips					
			95774.95			119499.85					
d Control number			9 Advance EIC payment			10 Dependent care benefits					
	8125827									289	
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12						
		127			5495						
	Michael Mclaughlin		13 State			12b					
7131 Jones Divide Suite 614			X emp	oyee plan sick pa	У		P	231			
North Andrew NM 78429-9291			14 (Other (see enclosed Notice to Em	ployee)	12c					
Not the Anales and 70425 5251						G	573				
								12d		3,3	
									_	250	
									D	352	
f Emplo 15 State	eyee's address and ZIP cod Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10	Local inc	ome tav		20 Locality name
	· ·		9			= ' ' '					
NE	781-43	5-44U	66787.22	5718.65		116835.73	24	4800	. 68		Mosley Ferry
TN	810-50)-973	62826.48	5549.06		120384.59	25	5901	. 84		James Summit

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

