F	REISSUED	a Employee's socia	ll security number			Safe,	Accurate,	2C 2	- GH		Visit the	IRS Websit	te
S	TATEMENT	41	.5-93-3863	OMB	No. 1545-00	08 FAST	! Use	U	<b>~</b> fi	E	at www.i	rs.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation				2 Federal income tax withheld			
38-5202787						149382.77				44482.32			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Fuller-Mitchell Ltd						173821.65				13297.36			
83309 Ashley Extension						5 Medicare wages and tips				6 Medicare tax withheld			
<u>-</u>						142342.5			4127.93				
Lake Dianeland IN 40399-9385					7 S	, , ,				8 Allocated tips			
						173821.65			142342.5				
d Control number						9 Advance EIC payment				10 Dependent care benefits			
1645923										275			
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12			
						251				н 8014			
Ashley Howell						13 Statutory Retirement Third-party employee plan sick pay							
45069 Daniel Courts					X	yee plan	sick pay			E	223		
Sanchezshire DE 33142-7917					14 C	14 Other (see enclosed Notice to Employee)					ı		
										P	257		
						ĺ					1		
										н	712		
f Emplo	oyee's address and ZIP cod	е						-			<u> </u>		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income ta:	х	18 Local wages,	tips, etc.	19 L	ocal inc	ome tax	(	20 Locality	name
SC	211-51	-947	70892.46	4255.3		164424.	31	18	3916.34			Jennifer	Drives
GA	307-24	-798	75335.84	4551.96		126287.15		23	23467.2			Travis	Wall
	Wage a	П	Department of the TreasuryInternal Revenue Service										
Form W.	. <sub>2</sub> Statem	ent		لك ب	u								

Wage and Tax **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.

REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service													
<b>STATEMENT</b> 415-93-3863 OMB N					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					Wages, tips, other compensation				2 Federal income tax withheld				
38-5202787					149382.77				44482.32				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Fuller-Mitchell Ltd					173821.65				13297.36				
83309 Ashley Extension					5 Medicare wages and tips				6 Medicare tax withheld				
Lake Dianeland IN 40399-9385					142342.5				4127.93				
					7 Social security tips				8 Allocated tips				
		173821.65			142342.5								
d Control number					9 Advance EIC payment			10 Dependent care benefits					
1645923						275							
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
Ashlev Howell					251			н 8014					
Ashley	13 Statutory Retirement Third-party employee plan sick pay				12b								
45069 Daniel Courts					X Sick pay				223				
Sanchezsh	14 (	14 Other (see enclosed Notice to Employee)				12c							
									257				
									12d				
					н	712							
f Employee's address and ZIP code													
15 State Employer's state ID		16 State wages, tips, etc.	17 State income t	tax	18 Local wages, tips,	etc. 1	19 Local inc	ome tax	1	20 Locality name			
SC 211-5	1-947	70892.46	4255.3		164424.31 1		18916.34			Jennifer Drives			
GA 307-2	4-798	75335.84	4551.96		126287.15 2		23467.2			Travis Wall			

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

