REISSUED a Employee's	social security number			Safe, Accı	irate,			Visit the	IRS Web	site		
STATEMENT	051-22-2256	OMB N	o. 1545-00	008 FAST! Us	e	<i>5</i> ~ IL	le	at www.i	rs.gov/efil	e.		
b Employer identification number			1 V	Vages, tips, other compe	nsation	2	Federa	l income tax	withheld			
42-1580203				113671.47				28250.59				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Jones-Jones Group				119797.41				9164.5				
706 Cook Island Apt. 840				5 Medicare wages and tips				6 Medicare tax withheld				
_				123417.38				3579.1				
Rubiotown IN 25520-9318				7 Social security tips			8 Allocated tips					
				119797.41			123417.38					
d Control number				9 Advance EIC payment 10			10 Dependent care benefits					
5614245				234								
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12					
Laura Daniel			213				8724					
			13 Statutory Retirement Third-party employee plan sick pay			12b	12b					
73200 Tammy Bridge Apt. 560				plan plan	sick pay		G	224				
Chadfort ND 32994-7451				14 Other (see enclosed Notice to Employee)				! !				
					D	697						
						12d	12d					
							G	886				
f Employee's address and ZIP code								1000				
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	etc.	19 Local in	come tax	:	20 Locali	ty name		
CA 328-54-651	56466.68	6923.11		126534.91		21665	.12		Emily	Harbor		
IA 246-16-536	55894.19	6717.27		115872.82		15537	.79		Bell	Ville		

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	a Employee's soci	•	Q. (7) V.	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	0.	51-22-2256	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
	yer identification number				1	Wages, tips, other compensation	Federal income tax withheld					
42-1580203					113671.47			28250.59				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Jones-Jones Group				119797.41			9164.5					
706 Cook Island Apt. 840				5 Medicare wages and tips			6 Medicare tax withheld					
-				123417.38	3579.1							
Rubiotown IN 25520-9318				7 Social security tips			8 Allocated tips					
					119797.41			123417.38				
d Control number				9 Advance EIC payment			10 Dependent care benefits					
	5614245								234			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Laura Daniel			213 13 Statutory Retirement Third-party employee plan sick pay			8724						
73200 Tammy Bridge Apt. 560						G	224					
Chadfort ND 32994-7451			14 Other (see enclosed Notice to Employee)			12c						
						D	697					
								12d	100.			
							G	G 886				
	yee's address and ZIP coo		140 Olate and the sale	17 State income tax		I do I and a see fine at	140	Local income		Tag. 1		
15 State	Employer's state ID no		16 State wages, tips, etc.			18 Local wages, tips, etc.				20 Locality		
CA	328-54	1-651	56466.68	6923.11		126534.91	21	665.12	<u> </u>	Emily H	larbor	
IA	246-16	5-536	55894.19	6717.27		115872.82	15	537.79	•	Bell V	/ille	

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

