F	REISSUED	a Employee's socia	•			Safe, Ad	ccurate,	O A STILL	Visit the	IRS Web	site	
S ⁻	TATEMENT	87	0-57-1379	OMB	No. 1545-0	008 FAST!	Jse 🔍	e ~file	at www.	irs.gov/efil	e.	
b Employer identification number					1 '	1 Wages, tips, other compensation			Federal income tax withheld			
99-3029582						92132.2			27729.14			
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld			
Underwood and Sons LLC						116253.62			8893.4			
9631 Bird Tunnel Suite 767					5	Medicare wages and ti	6 Med					
						64692.63		1876.09				
Williamport WV 59548-4993				7	7 Social security tips			8 Allocated tips				
						116253.62			64692.63			
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits				
8905842									214			
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12			
						238			1349			
Andrew Fitzgerald						13 Statutory Retirement Third-party sick pay X X Statutory Plan Sick pay X Other (see enclosed Notice to Employee)						
994 Morgan Springs					P 178							
	Carolynfort PA 86349-9772								i			
Caldiymidic in 00343 3772					422							
									12d			
									521			
f Employee's address and ZIP code									521			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta:	x	18 Local wages, tip	s. etc.	19 Local income	tax	20 Locali	tv name	
МО	362-15		48482.1	4163.44		96064.26	.,	17536.28			Haven	
		-				 				+		
MS	848-92	-988	45546.9	3323.46		69786.62		17777.5		Hart	Ranch	

Wage and Tax

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	REISSUED a Employee's social security number			This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT				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 Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld				
99-3029582					92132.2			27729.14			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Underwood and Sons LLC					116253.62			8893.4			
9631 Bird Tunnel Suite 767					5 Medicare wages and tips			6 Medicare tax withheld			
Williamport WV 59548-4993				64692.63			1876.09				
williampo	ort wv 5	7340-4993		7 Social security tips			8 Allocated tips				
					116253.62			64692.63			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
8905842								214			
e Employee's first name and	nitial Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
					238			1349			
Andrew Fitzgerald 994 Morgan Springs					13 Statutory Retirement Third-party employee plan sick pay						
								P 178			
Carolynfort PA 86349-9772				14 Other (see enclosed Notice to Employee)			12c				
								422			
							12d				
								521			
f Employee's address and ZIP code								321			
15 State Employer's state		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax	(20 Localit	y name	
MO 362-	-15-479	48482.1	4163.44		96064.26		17536.28		Seth	Haven	
MS 848-	-92-988	45546.9	3323.46		69786.62	1	7777.5		Hart	Ranch	

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

