| REISSUED a Employee's social security number       |                  | Safe, Accura               | ate,         |                         | Visit the IRS Website          |  |  |  |  |
|--|------------------|----------------------------|--------------|-------------------------|--------------------------------|--|--|--|--|
| STATEMENT 685-27-9841                              | OMB No. 1545-    | FAST! Use                  |              | <b>vfile</b>            | at www.irs.gov/efile.          |  |  |  |  |
| b Employer identification number                   | 1                | Wages, tips, other compens | ation        | 2 Federal               | l income tax withheld          |  |  |  |  |
| 22-9885201   |                  | 211766.48                  |              |                         | 22932.51                       |  |  |  |  |
| c Employer's name, address, and ZIP code           | 3                | 3 Social security wages    |              |                         | 4 Social security tax withheld |  |  |  |  |
| Edwards, Gonzalez and Good Inc                     |                  | 254997.22                  |              |                         | 19507.29                       |  |  |  |  |
| 778 Julie Ferry                                    | 5                | Medicare wages and tips    |              | 6 Medicare tax withheld |                                |  |  |  |  |
| -  |                  | 216338.03                  |              | 6273.8                  |                                |  |  |  |  |
| Shellytown WI 66617-5965                           | 7                | Social security tips       |              | 8 Allocated tips        |                                |  |  |  |  |
|  |                  | 254997.22                  |              |                         | 216338.03                      |  |  |  |  |
| d Control number                                   | 9                | Advance EIC payment        |              | 10 Depend               | dent care benefits             |  |  |  |  |
| 5753515  |                  |                            |              |                         | 169                            |  |  |  |  |
| e Employee's first name and initial Last name      | 11               | Nonqualified plans         |              | 12a See ins             | structions for box 12          |  |  |  |  |
| Craig Conway<br>1982 Fitzgerald Motorway Suite 998 |                  | 178                        |              |                         | E 4034                         |  |  |  |  |
|  |                  |                            | Third-party  | 12b                     |                                |  |  |  |  |
|  |                  |                            | sick pay     | D 752                   |                                |  |  |  |  |
| Lake Michellefort KS 98682-59                      |                  | Other (see enclosed Notice | to Employee) | 12c                     | 1                              |  |  |  |  |
|  |                  |                            |              |                         | 642                            |  |  |  |  |
|  |                  |                            |              |                         | 12d                            |  |  |  |  |
|  |                  |                            |              | E                       | 519                            |  |  |  |  |
| f Employee's address and ZIP code                  |                  |                            |              | - 1                     | 319                            |  |  |  |  |
| 1 2/2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2            | State income tax | 18 Local wages, tips, etc  | . 19 [       | Local income tax        | 20 Locality name               |  |  |  |  |
| OR 776-67-515 107118.52 53                         | 10.76            | 184325.89                  | 29           | 828.42                  | Jones Locks                    |  |  |  |  |
| ID 803-97-566 104782.43 49                         | 96.92            | 154450.28                  | 38           | 005.28                  | Holmes Plain                   |  |  |  |  |

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 | al security number                  |                           | This information is being furnished to the Internal Revenue Service. If you are required                           |                       |                                 |                                |           |        |  |            |        |
|---|---------------------------|-------------------|-------------------------------------|---------------------------|--|-----------------------|---------------------------------|--------------------------------|-----------|--------|--|------------|--------|
|   | CLIOOOLD                  |                   | 85-27-9841                          | OMB                       | OMP No. 1545 0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if            |                       |                                 |                                |           |        |  |            |        |
|   | TATEMENT                  | 0.                | 03-27-9041                          | 0.11.5                    | this income is taxable and you fail to report it.  1 Wages, tips, other compensation 2 Federal income tax withheld |                       |                                 |                                |           |        |  |            |        |
| b Employer identification number              |                           |                   |                                     |                           |  |                       |                                 |                                |           |        |  |            |        |
| 22-9885201                                    |                           |                   |                                     | 211766.48                 |  |                       | 22932.51                        |                                |           |        |  |            |        |
| c Employer's name, address, and ZIP code      |                           |                   |                                     | 3                         | 3 Social security wages  |                       |                                 | 4 Social security tax withheld |           |        |  |            |        |
| Edwards, Gonzalez and Good Inc                |                           |                   |                                     | 254997.22                 |  |                       | 19507.29                        |                                |           |        |  |            |        |
| 778 Julie Ferry                               |                           |                   | 5                                   | 5 Medicare wages and tips |  |                       | Medicare tax withheld           |                                |           |        |  |            |        |
| Shellytown WI 66617-5965                      |                           |                   |                                     | 216338.03                 |  |                       | 6273.8                          |                                |           |        |  |            |        |
|   |                           |                   | 7 Social security tips              |                           |  |                       | 8 Allocated tips                |                                |           |        |  |            |        |
|   |                           |                   |                                     | 254997.22                 |  |                       |                                 | 216338.03                      |           |        |  |            |        |
| d Control number                              |                           |                   | 9 .                                 | 9 Advance EIC payment     |  |                       | 10 Dependent care benefits      |                                |           |        |  |            |        |
| 5753515                                       |                           |                   |                                     |                           |  |                       | 169                             |                                |           |        |  |            |        |
| e Employee's first name and initial Last name |                           |                   | 11                                  | 11 Nonqualified plans     |  |                       | 12a See instructions for box 12 |                                |           |        |  |            |        |
| Craig Conway                                  |                           |                   | 178                                 |                           |  | E 4034                |                                 |                                |           |        |  |            |        |
|   |                           |                   | 13 Statutory Retirement Third-party |                           |  |                       | 12b                             |                                |           |        |  |            |        |
|   |                           | emp               | employee plan sick pay              |                           |  | 5 750                 |                                 |                                |           |        |  |            |        |
| 1982 Fitzgerald Motorway Suite 998            |                           |                   |                                     |                           |  |                       |                                 | D                              | 752       |        |  |            |        |
| Lake Michellefort KS 98682-59                 |                           |                   | 14                                  | Other (see enclosed No    | ice to Employ  | ree)                  | 12c                             | ī                              |           |        |  |            |        |
| Hake Michellerore in 30002 33                 |                           |                   |                                     |                           |  |                       |                                 | 642                            |           |        |  |            |        |
|   |                           |                   |                                     |                           | _  | 12d                   |                                 | 042                            |           |        |  |            |        |
|   |                           |                   |                                     |                           |  |                       |                                 |                                | 124       | 1      |  |            |        |
|   |                           |                   |                                     |                           |  |                       | E 519                           |                                |           |        |  |            |        |
|   | yee's address and ZIP cod | de                |                                     |                           |  |                       |                                 |                                |           |        |  |            |        |
| 15 State                                      | Employer's state ID no    | umber             | 16 State wages, tips, etc.          | 17 State income ta        | x  | 18 Local wages, tips, | etc.                            | 19 Lo                          | ocal inco | me tax |  | 20 Localit | y name |
| OR  | 776-67                    | 7-515             | 107118.52                           | 5310.76                   |  | 184325.89             |                                 | 298                            | 29828.42  |        |  | Jones      | Locks  |
|   |                           |                   |                                     |                           |  |                       |                                 | T                              |           |        |  |            |        |
| ID  | 803-97                    | 7-566             | 104782.43                           | 4996.92                   |  | 154450.28             |                                 | 380                            | 005.      | 28     |  | Holmes     | Plain  |

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

