REISSUED a Employee's social security number		Safe, Accurate,	Visit the IRS We	bsite		
STATEMENT 036-91-4705	OMB No. 1545-0	0008 FAST! Use	at www.irs.gov/e	file.		
b Employer identification number	1	Wages, tips, other compensation	2 Federal income tax withheld			
22-3437795		237575.44	85837.08			
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax withheld			
Morgan Ltd and Sons		278526.87	21307.31			
147 Taylor Wall	5	Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
		182944.39	5305.39	5305.39		
New Joshua NE 07877-3716	7	Social security tips	8 Allocated tips	8 Allocated tips		
		278526.87	182944.3	9		
d Control number	9	Advance EIC payment	10 Dependent care benefits			
6307582			171	171		
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions for box 1	2		
		123	9488	9488		
Mary Dickerson		tutory Retirement Third-party	12b			
95842 Freeman Coves Apt. 609	emp	oloyee plan sick pay	P 329			
Robertburgh MA 63545-3314	14	Other (see enclosed Notice to Employ	ree) 12c			
102010201911			P 322			
			12d			
			812			
f Employee's address and ZIP code			812			
1 7	ate income tax	18 Local wages, tips, etc.	19 Local income tax 20 Loc	ality name		
DC 966-19-196 110223.67 116	88.57	262336.93	44190.0 Rober	t Parkway		
AK 251-39-797 113743.74 130	74.2	216960.9	25811.99 Jason	n Stream		

Wage and Tax Statement

Form W-2

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.

R	REISSUED a Employee's so	cial security number		This information is being furnished to the Internal Revenue Service. If you are required						
	A I LIVILIA I	036-91-4705	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 Employ	yer identification number			1 \	Vages, tips, other compensation		2 Fede	ral income ta	x withheld	
22-3437795				237575.44			85837.08			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Morgan Ltd and Sons			278526.87			21307.31				
147 Taylor Wall New Joshua NE 07877-3716			5 Medicare wages and tips 182944.39			6 Medicare tax withheld 5305.39				
									7 Social security tips	
								278526.87		
d Contro	l number			9 /	dvance EIC payment		10 Depe	endent care b	enefits	
6307582							171			
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12					
	Mary Dickerson 95842 Freeman Cov	res Apt. 609		13 Statu			12b	9488 329		
	Dahambhumah M			14 (Other (see enclosed Notice to Employ	ree)	12c			
Robertburgh MA 63545-3314					P	322				
							12d	322		
							124	812		
f Employ	yee's address and ZIP code Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10 1	ocal income	tav	20 Locality name	
DC	966-19-196	110223.67	11688.57		262336.93			ian	•	
שכ	966-19-196	110223.67	11008.57		202330.93	44	190.0		Robert Parkway	
AK	251-39-797	113743.74	13074.2		216960.9	25	811.99	•	Jason Stream	

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

