	' '	ial security number	0.45.11		Safe, Accurate,	*e~file	Visit the IRS Website	
		99-91-3759	OMB No	o. 1545-000	I ASI: Use		at www.irs.gov/efile.	
<b>b</b> Employer identification number (EIN)				1 Wages, tips, other compensation			Federal income tax withheld	
51-7915439				197662.88		291	29111.03	
c Employer's name, address, and ZIP code				<b>3</b> So	3 Social security wages		4 Social security tax withheld	
Brown-Moore and Sons				199418.35		152	15255.5	
07869 Walker Overpass Apt. 774 West Tonyastad MO 73571-7759				5 Medicare wages and tips		6 Medi		
				190427.66			5522.4	
				7 Social security tips		8 Alloca		
					199418.35		190427.66	
d Control number				9 Verification Code		10 Depe	10 Dependent care benefits	
	49						126	
e Employee's first name and initial Last name Suff.				11 Nonqualified plans 12a See instructions for box 12				
Michael Carson				107 13 Statutory Retirement Third-party		o d e	e JAZI	
				employee plan sick pay		12b C d FF	1	
	703 Leonard Knoll						601	
	West John DE	43862-7284		14 Otl	ner	<b>12c</b> C		
	15002 7201					i DD	208	
						12d		
						C 0 d BB	0.57	
						d BB	957	
f Emplo 15 State	oyee's address and ZIP code Employer's state ID number	16 State wages, tips, etc.	17 State income tax	1	18 Local wages, tips, etc.	19 Local income t	ax 20 Locality name	
							=======================================	
MS	269-09-180	100547.31	8865.9		240231.16	38839.52	Martinez Corner	
NE	563-17-229	93618.86	5715.91		146219.87	26502.46	Faulkner Radial	

Wage and Tax
Form W-2 Statement

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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.