REISSUED a Employee's social security number			Safe, Accurate,	IRS 1		Visit the IF	RS Webs	ite		
STATEMENT 724-24-55	89 OMB	B No. 1545-0008	FAST! Use		file	at www.irs	gov/efile) .		
b Employer identification number			, tips, other compensation	2	2 Federal income tax withheld					
32-1794764			0323.32		21134.8					
c Employer's name, address, and ZIP code			security wages	4	4 Social security tax withheld					
Robinson Inc Ltd			8002.69		8262.21					
10443 Davis Flats Chloefurt NH 45728-2637			5 Medicare wages and tips			6 Medicare tax withheld				
			878.04		2693.46					
			7 Social security tips			8 Allocated tips				
			108002.69			92878.04				
d Control number			e EIC payment	10	0 Depend	dent care ben	efits			
4414303						125				
e Employee's first name and initial Last name		11 Nonqua	11 Nonqualified plans			12a See instructions for box 12				
Heather Hill			214			D 8629				
			Retirement Third-pa plan sick pay	ty 1 2	12b					
02325 Christopher Garden Apt. 471			X SICK Pay		D	730				
North Teresaberg OK 34955-9749			see enclosed Notice to Emp	loyee) 1:	2c	I				
						824				
						12d				
					G	200				
f Employee's address and ZIP code										
15 State Employer's state ID number 16 State wages	, tips, etc. 17 State income ta	ax 18 L	ocal wages, tips, etc.	19 Loca	al income tax	: :	20 Locality	/ name		
AZ 633-16-284 52643.2	8 3049.5	13	1451.97	2149	98.67		Sarah	Fords		
MO 354-21-014 55611.5	9 2882.61	10	3774.93	1944	46.81		Susan	Roads		

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.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required									
ST	ATEMENT	7:	24-24-5589	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 Employer identification number			1 Wages, tips, other compensation					2 Federal income tax withheld						
32-1794764			110323.32					21134.8						
c Employer's name, address, and ZIP code				3 Social security wages					4 Social security tax withheld					
Robinson Inc Ltd				108002.69					8262.21					
10443 Davis Flats				5 Medicare wages and tips					6 Medicare tax withheld					
Chloefurt NH 45728-2637				92878.04					2693.46					
				7 Social security tips					8 Allocated tips					
				108002.69					92878.04					
d Control number				9 Advance EIC payment					10 Dependent care benefits					
4414303											125			
e Employee's first name and initial Last name			11 Nonqualified plans					12a See instructions for box 12						
Heather Hill			214 13 Statutory Retirement Third-party					D 8629						
02325 Christopher Garden Apt. 471				loyee plar	1_	sick pay			D	730				
North Teresaberg OK 34955-9749			14	Other (see encl	losed Notice	to Employ	ee)	12c		1				
								G	824					
										12d				
											G	200		
	ee's address and ZIP coo		Transition in the second	Lie o		T.o		1	100					
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wa		•		ocal inco			20 Localit	,
AZ	633-16	5-284	52643.28	3049.5		13145	1.97		214	498.	67		Sarah	Fords
MO	354-21	L-014	55611.59	2882.61		10377	4.93		194	446.	81		Susan	Roads

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

