REISSUED	a Employee's soc	•			Safe, Acc	curate,		Ha	Visit the	IRS Website	
STATEMENT	. 2	44-10-2440	OMB N	o. 1545-0	0008 FAST! U	se	<b>G</b> ~	<i>file</i>	at www.i	rs.gov/efile.	
<b>b</b> Employer identification r	umber			1 Wages, tips, other compensation			2	2 Federal income tax withheld			
99-7090	94			249465.17				72609.39			
c Employer's name, addre	ss, and ZIP code			3 Social security wages			4	4 Social security tax withheld			
Butler-Bray LLC				304599.31				23301.85			
39211 Matthew Views Suite 148				5 Medicare wages and tips			6	6 Medicare tax withheld			
Jonathanmouth AZ 13510-4279				233787.23				6779.83			
Jonathanmouth AZ 13510-4279				7 Social security tips			8	8 Allocated tips			
				304599.31				233787.23			
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
7279818								290			
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12			
				271				D 6229			
Benjamin Green			13 Statutory Retirement Third-party			12	2b				
9754 Jamie Burg Apt. 127				emp	ployee plan	sick pay		P	251		
Lake Justin LA 21328-5850				14 Other (see enclosed Notice to Employee)			ee) 12	?c			
									360		
							11	12d			
							''	-			
								H	105		
f Employee's address and		T	T.= 2		T					1	
	ite ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips			l income ta	x	20 Locality name	
IA 95	8-61-818	131722.03	9553.56		178504.94 4		4187	1871.72		Porter Valley	
AL 46	0-60-892	132425.88	9017.55		236175.28		2981	3.46		Victor Throughway	

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

**201** Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	24	44-10-2440	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>b</b> Emplo	b Employer identification number				Wages, tips, other compensation			Federal income tax withheld			
99-7090094				249465.17			72609.39				
<b>c</b> Emplo	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Butler-Bray LLC				304599.31			23301.85				
39211 Matthew Views Suite 148				5 Medicare wages and tips			6 Medicare tax withheld				
					233787.23			6779.83			
Jonathanmouth AZ 13510-4279				7 Social security tips			8 Allocated tips				
				304599.31			233787.23				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	7279818							290			
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
			271			D 6229					
	Benjamin Green			13 Stat			12b				
9754 Jamie Burg Apt. 127				emp	loyee plan sick pay		P	251			
					14	Other (see enclosed Notice to Employ	(00)	12c	231		
	Lake Justin LA 21328-5850			14 Other (see enclosed Notice to Employee)			120				
						360					
							12d	ı			
							H	105			
f Employee's address and ZIP code											
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 l	Local income tax	(	20 Locality name	
IA	953-63	L-818	131722.03	9553.56		178504.94	41	871.72		Porter Valley	
AL	460-60	0-892	132425.88	9017.55		236175.28	29	813.46		Victor Throughway	

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

