R	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
SI	TATEMENT	73	80-81-5587	OMB N	lo. 1545-0	008 FA	ST! Use	<i>G</i>	ile	at www.	irs.gov/efile.		
b Employer identification number					1 '	1 Wages, tips, other compensation				Federal income tax withheld			
90-4171452						147354.76				32844.15			
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld			
Wilson Inc LLC						152799.7				11689.18			
116 Richards Orchard Suite 251					5 Medicare wages and tips				6 Medicare tax withheld				
					135101.03				3917.93				
South Lee UT 19923-4948					7	7 Social security tips				8 Allocated tips			
						152799.7			135101.03				
d Control number					9	9 Advance EIC payment			10 Dependent care benefits				
2439982									162				
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12				
					242				G 7530				
	Martha Watson					13 Statutory Retirement Third-party employee plan sick pay				1			
12943 Harper Ridges South Samuel TN 28065-6335					X				P 245				
					14 Other (see enclosed Notice to Employee)				С	1			
										378			
									12d				
									н	104			
f Employ	vee's address and ZIP code	9								104			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wag	es, tips, etc.	19 Local	income ta	х	20 Locality name		
MN	672-60	-605	76305.72	3824.18		119165.36 18		1826	8266.52		Moore Radial		
AK	524-13	-648	75560.35	3687.77		138048	. 68	1661	8.9		Johnson Flats		

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.

REISSUED	a Employee's soci	al security number								e. If you are required			
STATEMENT	STATEMENT 730-81-5587 OMB N				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					Wages, tips, other compensation			2 Federal income tax withheld					
90-4171452					147354.76	3:	32844.15						
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld					
Wilson Inc LLC					152799.7	1	11689.18						
116 Richards Orchard Suite 251					Medicare wages and tips	6	• modicaro tax mumora						
South Le	South Lee UT 19923-4948					135101.03				3917.93			
South Le	e UT 19	9923-4948		7	7 Social security tips			8 Allocated tips					
					152799.7			135101.03					
d Control number				9	9 Advance EIC payment			10 Dependent care benefits					
2439982								1	62				
e Employee's first name and	initial Last nam	е		11	11 Nonqualified plans			12a See instructions for box 12					
					242			G 7530					
Martha Watson 12943 Harper Ridges South Samuel TN 28065-6335					13 Statutory Retirement Third-party employee plan sick pay								
								P 245					
					Other (see enclosed Not	e) 12c	12c						
								378					
								12d					
									04				
								H 1	04				
f Employee's address and Z 15 State Employer's state		16 State wages, tips, etc.	17 State income ta	×	18 Local wages, tips,	etc	19 Local inc	ome tax	1:	20 Locality name			
, ,,,	-60-605	76305.72	3824.18		3.7,1		18266.52			Moore Radial			
			1-2										
AK 524	-13-648	75560.35	3687.77		138048.68		16618.9			Johnson Flats			

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

