REISSUED	a Employee's soci	•				Safe, Accurat	e,			Visit the	IRS Website	
STATEMENT	2:	14-56-2140	OMB N	o. 1545-0	800	FAST! Use			le	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				2	Federal income tax withheld			
24-71537	42			109758.42				31213.69				
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld				
Hall, Berry and Ross and Sons				105952.9				8	8105.4			
91645 Mendoza Viaduct				5 Medicare wages and tips				6 Medicare tax withheld				
West James AR 19008-7343				127129.89					3686.77			
				7 Social security tips				8	8 Allocated tips			
				105952.9			127129.89					
d Control number				9	Advance El	C payment		10	Depend	dent care be	enefits	
6764870							230					
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Eric Krause			294				н 3232					
			13 Statutory Retirement Third-party employee plan sick pay			12b		1				
09915 Willis Station Apt. 669			X		X	ok pay			281			
Jonesfort NJ 51630-4621			Other (see enclosed Notice to Employee)			) 12c		1				
							D	758				
						12d	12d					
									D	856		
f Employee's address and	ZIP code											
15 State Employer's sta	te ID number	16 State wages, tips, etc.	17 State income tax		18 Local	wages, tips, etc.	19	9 Local inc	come tax		20 Locality name	
DE 965	-95-391	58035.67	2593.28		81420.96 1		3109.26			Wallace Burgs		
NH 323	3-58-010	55018.68	3249.4	112591.03		20959.85		Anderson Bypass				

Wage and Tax

Form W-2 Statement

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.

REI	ISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
STA	TEMENT	2:	14-56-2140	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 V	Vages, tips, other compensation	2 Federal income tax withheld					
24-7153742					109758.42			31213.69			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Hall, Berry and Ross and Sons				105952.9			8105.4				
91645 Mendoza Viaduct				5 Medicare wages and tips			6 Medicare tax withheld				
West James AR 19008-7343					127129.89	3686.77					
					7 Social security tips			8 Allocated tips			
					105952.9	127129.89					
d Control nu	d Control number				9 Advance EIC payment			10 Dependent care benefits			
6764870								230			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Eric Krause				294			н 3232				
					13 Statu			12b	1		
09915 Willis Station Apt. 669				X	pyee plan sick pay			281			
Jonesfort NJ 51630-4621				14 (	Other (see enclosed Notice to Employ	12c					
				!			D	758			
							ŀ	12d			
							D	856			
f Employee's address and ZIP code						ŀ					
	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	Local income ta	ıx	20 Locality name	
DE	965-95	-391	58035.67	2593.28		81420.96 13		3109.26		Wallace Burgs	
NH	323-58	3-010	55018.68	3249.4		112591.03	20	959.85		Anderson Bypass	

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

