F	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website			
S	TATEMENT	88	36-48-0311	OMB N	o. 1545-0	008 FAST	Use		file	at www.	irs.gov/efile.	
b Emplo	yer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld			
14-0940722				223833.75				64652.99				
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4 Social security tax withheld			
Williams PLC LLC					158196.06				12102.0			
813 Andrea Crest Apt. 598					5 Medicare wages and tips				6 Medicare tax withheld			
					217964.37				6320.97			
South Bryan AL 33959-6829					7 Social security tips				8 Allocated tips			
					158196.06				217964.37			
d Control number					9 Advance EIC payment				10 Dependent care benefits			
6011405									289			
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
					214				D 4167			
	Barbara Wang				13 Statutory Retirement Third-party			у	12b			
191 Tiffany Freeway Apt. 993				employee plan sick pay				243				
New Danielle NH 16690-9715					14 Other (see enclosed Notice to Employee)				12c	i		
									E	636		
									12d			
									G	276		
f Emplo	yee's address and ZIP cod	•						-		270		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages,	tips, etc.	19 Lo	ocal income	ax	20 Locality name	
NY	884-63	-542	107174.9	8791.04		203214.17 28		282	8215.18		Shields Shoals	
ME	840-49	-108	118713.87	12813.97		208927.	19	358	356.4		Beard Hollow	

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.

F	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are req								ice. If you are required		
	TATEMENT	88	86-48-0311	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					Wages, tips, other compensation			2 Federal income tax withheld			
14-0940722					223833.75			64652.99			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Williams PLC LLC					158196.06			12102.0			
813 Andrea Crest Apt. 598 South Bryan AL 33959-6829					5 Medicare wages and tips			6 Medicare tax withheld			
					217964.37			6320.97			
					7 Social security tips			8 Allocated tips			
					158196.06			217964.37			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
6011405								289			
e Emplo	yee's first name and initial	Last name	е		11 Nonqualified plans			12a See instructions for box 12			
					214			D 4167			
	Barbara Wang 191 Tiffany Freeway Apt. 993 New Danielle NH 16690-9715				13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)			12b			
								12c			
								E	636		
							İ	12d			
								G	G 276		
f Employee's address and ZIP code									•		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		9 Local income tax		20 Locality name	
NY	884-63	5-542	107174.9	8791.04	203214.17		28	28215.18		Shields Shoals	
ME	840-49	-108	118713.87	12813.97		208927.19	35	856.4		Beard Hollow	

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

