R	REISSUED	a Employee's socia	•			Safe, A	ccurate,			Visit the	IRS Website		
ST	TATEMENT	21	.6-96-5832	OMB	No. 1545-00	DOS FAST!	Use	e≁fi	16	at www.i	rs.gov/efile.		
b Employer identification number					1 V	1 Wages, tips, other compensation			Federal income tax withheld				
	42-3027375					87209.55			24683.9				
c Emplo	yer's name, address, and 2	IP code			3 8	3 Social security wages			4 Social security tax withheld				
Ball-Salazar PLC						112411.81			8599.5				
766 Robert Crossroad					5 N	gg				6 Medicare tax withheld			
Johnsonton IL 76569-2429					94776.63				2748.52				
				7 5	7 Social security tips				8 Allocated tips				
						112411.81			94776.63				
d Contro	ol number				9 A	9 Advance EIC payment			10 Dependent care benefits				
5758207									291				
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12				
						254			G 2411				
David Walters 0482 Mcgrath Run Bradfordmouth OR 22455-0134						13 Statutory Retirement Third-party sick pay X Other (see enclosed Notice to Employee)							
									E	386			
					14 (1			
									G	953			
									12d				
									D	881			
f Emplo	vee's address and ZIP cod	e .								1002			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	ıx	18 Local wages, tip	os, etc.	19 Local in	come tax	(20 Locality name		
DC	089-47	-771	46995.25	2827.73		98666.11		15947	.28		Benjamin Knoll		
SD	620-10	-905	44064.67	3676.71		99283.62		10583	.19		Collins Light		

Wage and Tax Statement

Form W-2

5070

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.

REISS	REISSUED a Employee's social security number			This information is being furnished to the Internal Revenue Service. If you are required							
STATE	STATEMENT 216-96-5832			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				
42-3027375					87209.55			24683.9			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Ball-Salazar PLC					112411.81			8599.5			
766 Robert Crossroad				5 Medicare wages and tips			6 Medicare tax withheld				
Johnsonton IL 76569-2429				94776.63 7 Social security tips			2748.52 8 Allocated tips				
d Control number	ī			9 Advance EIC payment			10 Dependent care benefits				
5758	3207							291			
e Employee's first	t name and initial	Last name		11 Nonqualified plans			12a See instructions for box 12				
				254			G 2411				
David Walters 0482 Mcgrath Run				13 Statutory Retirement Third-party employee plan sick pay			12b	1			
							E	386			
Bradfordmouth OR 22455-0134					14 Other (see enclosed Notice to Employee)			1			
Diddiolanouth on 22455 0154							G	953			
							12d				
							D	881			
f Employee's add	dress and ZIP code										
15 State Emp	loyer's state ID numbe	r 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax		20 Locality name		
DC	089-47-7	46995.25	2827.73		98666.11 1		5947.28		Benjamin Knoll		
SD	620-10-9	44064.67	3676.71		99283.62	10	0583.19		Collins Light		
		1,	1 · - ·								

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

