REISSUED a Employee's social security number		Safe, Accurate,	Visit the IRS Website		
STATEMENT 827-28-3437	OMB No. 15	1545-0008 FAST! Use	at www.irs.gov/efile.		
b Employer identification number	1	1 Wages, tips, other compensation	Federal income tax withheld		
99-7320798		81017.27	22715.76		
c Employer's name, address, and ZIP code	3	3 Social security wages	4 Social security tax withheld		
Freeman, Gomez and Wright Ltd		95142.13	7278.37		
02267 Todd Station	5	5 Medicare wages and tips	6 Medicare tax withheld		
Charlasham C3 AC17C 0000		81603.72	2366.51		
Charlesberg GA 46176-8922	7	7 Social security tips	8 Allocated tips		
		95142.13	81603.72		
d Control number	9	9 Advance EIC payment	10 Dependent care benefits		
4164468			108		
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions for box 12		
		236	1456		
Victoria Richardson	13	13 Statutory Retirement Third-party	12b		
9883 Paul Spurs		employee plan sick pay	D 736		
East Heather IL 53632-7727	14	Other (see enclosed Notice to Emplo	yee) 12c		
			P 355		
			12d		
			E 596		
f Employee's address and ZIP code			E 390		
1 - 7	7 State income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name		
ND 367-98-094 37051.97 3	3145.8	105266.77	9997.97 Herrera Shoals		
DC 348-20-780 43791.83 3	3314.46	98459.8	11234.84 John Crossing		

Wage and Tax

5070 **Statement**

Department of the Treasury--Internal Revenue Service

Form W-2 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	1		This information is being furnis	hed to	the Internal Re	venue Serv	ice. If you are required				
STATEMENT		27-28-3437	OMB N	OMP No. 1545 0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if									
b Employer identification number	0.	20 3437		this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income ta									
99-7320798			81017.27			22715.76							
			==: *=:										
c Employer's name, address, and ZIP code						4 Social security tax withheld							
Freeman, Gomez and Wright Ltd			95142.13			7278.37							
02267 Todd Station Charlesberg GA 46176-8922			5 Medicare wages and tips			6 Medicare tax withheld							
			81603.72			2366.51							
			7 Social security tips			8 Allocated tips							
			95142.13			81603.72							
d Control number			9 Advance EIC payment			10 Dependent care benefits							
4164468								108					
e Employee's first name and initial Last name			11 Nonqualified plans 12a See			12a See ins	instructions for box 12						
Victoria Richardson			236			1456							
			13 Statu			12b							
9883 Paul Spurs			employee plan sick pay			D 736							
East Heather IL 53632-7727			14 Other (see enclosed Notice to Employee)			12c							
						P 355							
						Ī	12d	i					
						E	E 596						
f Employee's address and ZIP co	de												
15 State Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local income tax		20 Locality name				
ND 367-98	3-094	37051.97	3145.8		105266.77 99		997.97		Herrera Shoals				
DC 348-2	0-780	43791.83	3314.46		98459.8 11		1234.84		John Crossing				

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

