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KY	979-06-832	79383.74	9216.31		124050.79		25738.1	9	Young Island		
AZ	208-16-449	79878.38	6509.52		205640.46	1	17417.	73	Jeffrey Loop		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e		19 Local incom		20 Locality name		
	yee's address and ZIP code	_									
							Γ	643			
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1472 Stephens Neck Apt. 950 Davidland ND 43081-0972				14 Other (see enclosed Notice to Employee)			,	1			
				14 C	ther (see enclosed Notic	X Semployee		386			
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Oscar Hill				13 Statutory Retirement Third-party			12b	_			
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e Employee's first name and initial Last name				11 Nonqualified plans			12a Se	= = =			
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c Employer's name, address, and ZIP code				3 Social security wages			4 Sc	4 Social security tax withheld			
37-7905751					170509.36		43.	43596.54			
b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
		36-59-0602	OMB N	o. 1545-00	08 FAST! Use			at www.	.irs.gov/efile.		
F	REISSUED a Employee's socia	al security number			Safe, Accu				RS Website		

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.

KY 9	79-06-832	79383.74	9216.31		124050.79	25	738.19		Young Island		
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5 State Employer's	state ID number	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips, etc.	19	Local income tax		20 Locality name		
f Employee's address and ZIP code							D	643			
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Davidland ND 43081-0972					T4 Outer (see cholosed House to Employee)			E 117			
											Oscar Hill 1472 Stephens Neck Apt. 950
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3012556 e Employee's first name and initial Last name					11 Nonqualified plans			199 12a See instructions for box 12			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
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Lorimouth DE 15584-3170					218199.84 7 Social security tips			8 Allocated tips			
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980 Donna Ways Suite 749				5 Medicare wages and tips			6 Medicare tax withheld				
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											37-7905751
STATEMEN b Employer identification	11	OWIDIN	this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld								
REISSUEI	'	cial security number 586–59–0602	OMB N	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							

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

