F	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
S	TATEMENT	05	3-93-7915	OMB N	o. 1545-0	0008 FAS	T! Use	G		6	at www.ii	rs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
38-0226974					126589.34				43873.99				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
West and Sons Inc					122867.85				9399.39				
0324 Morgan Brook					5 Medicare wages and tips				6 Medicare tax withheld				
	Port Shawnstad KY 78445-9845					114182.15				3311.28			
						7 Social security tips				8 Allocated tips			
					122867.85				114182.15				
d Control number					9 Advance EIC payment				10 Dependent care benefits				
5777864									219				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
						158				E 9090			
	Diana Reyes				13 Statutory Retirement Third-party employee plan sick pay				12b				
	094 Harris Prairie					X Sick pay					459		
	Susanville ME 60154-1359				14 Other (see enclosed Notice to Employee)				12c				
										D	275		
									12d				
										_ 1			
								L		E	688		
f Emplo	oyee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ļ	18 Local wages	tine oto	10 1	ocal inc	omo tov		20 Locality name	
						J		1				,	
HI	457-24	-914 	68442.97	4761.03		101209	. 93	14	120	. ø <i>i</i>		Cynthia Junctions	
WI	386-31	-922	66147.7	6996.33		125139	. 92	23	035	.86		William Canyon	

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.

	REISSUED a Employee's social 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							
	STATEMENT				this income is taxable and you fail to report it.							
	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
38-0226974						126589.34			43873.99			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
West and Sons Inc						122867.85	9399.39					
0324 Morgan Brook Port Shawnstad KY 78445-9845					5 N	Medicare wages and tips	6 Medicare tax withheld					
						114182.15	3311.28					
					7 5	Social security tips	8 Allocated tips					
						122867.85	114182.15					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	5777864								219			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Diana Reyes					158	E 9090					
						tory Retirement Third-party	12b					
094 Harris Prairie					empl	oyee plan sick pay		459				
	Susanville ME 60154-1359					14 Other (see enclosed Notice to Employee)			12c			
						14 Other (see enclosed Notice to Employee)						
								D	D 275			
								12d	i			
						!			688			
f Employee's address and ZIP code									•			
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local income ta	х	20 Locality name		
HI	457-24	l-914	68442.97	4761.03	101209.95 14		14	L4120.87		Cynthia Junctions		
WI	386-31	-922	66147.7	6996.33		125139.92	23	035.86		William Canyon		

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

