F	REISSUED	a Employee's socia	I security number		Safe, Accurate, Visit the IRS Website						ite		
S	TATEMENT	35	3-89-0424	OMB	No. 1545-0	0008 FAS	T! Use	U		e	at www.i	rs.gov/efile) .
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld				
65-8221605						142183.79			38664.62				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Price and Sons and Sons						145587.01				11137.41			
0158 Brown Falls					5 Medicare wages and tips				6 Medicare tax withheld				
	Markview DE 58431-5271					149485.54				4335.08			
						7 Social security tips				8 Allocated tips			
						145587.01			149485.54				
d Control number					9	9 Advance EIC payment			10 Dependent care benefits				
	2918653								206				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
T						283			D 8843				
	Jeremy Russell					13 Statutory Retirement Third-party employee plan sick pay					ı		
1332 Erik Pine Suite 724 South Rita IN 19693-1255						X X				347			
					14	14 Other (see enclosed Notice to Employee)			12c				
										517			
										12d			
										E	506		
f Employee's address and ZIP code													
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		19 I	19 Local income tax			20 Locality	/ name
HI	734-84	-778	75725.71	6745.64		105105	105105.75		14328.8			Samuel	Hollow
GA	098-10	-493	73008.65	6853.14		142924.99 1		16	16670.24			Glen	Walks

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		ial 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							
S	TATEMENT	3	53-89-0424	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Emplo	b Employer identification number					Wages, tips, other compensation			Federal income tax withheld			
65-8221605					142183.79			38664.62				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Price and Sons and Sons 0158 Brown Falls						145587.01	11137.41					
					5	Medicare wages and tips	6 Medicare tax withheld					
	Markview DE 58431-5271					149485.54	4335.08					
						7 Social security tips			8 Allocated tips			
						145587.01			149485.54			
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	2918653								206			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Jeremy Russell				283			D 8843				
	beremy Rubberr					13 Statutory Retirement Third-party employee plan sick pay			1			
1332 Erik Pine Suite 724 South Rita IN 19693-1255					X X X 14 Other (see enclosed Notice to Employee)							
								12c				
								517				
								12d	ı			
									E 506			
f Employee's address and ZIP code						T				1		
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		10 2000 Hages, apa, etc.		Local income tax		20 Locality name		
HI	734-84	4-778	75725.71	6745.64		105105.75	14	328.8		Samuel Hollow		
GA	098-1	0-493	73008.65	6853.14		142924.99	16	670.24		Glen Walks		

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

