REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS We					IRS Website		
STATEMENT 13	4-92-6303	OMB N	No. 1545-00	08 FAST! Us	e 💮	e~file	at www.	irs.gov/efile.		
b Employer identification number			1 W	ages, tips, other compe	ensation	2 Fede	eral income ta	x withheld		
42-8433717		62372.79		831	8316.31					
c Employer's name, address, and ZIP code	3 S	ocial security wages		4 Soci	4 Social security tax withheld					
Clayton Inc Inc				75096.91		574	5744.91			
3502 Roberts Causeway Apt. 097				edicare wages and tips		6 Med	• modical o tax mamola			
- -				50057.83			1451.68			
Aaronchester NE 04350-1572				ocial security tips		8 Alloc	8 Allocated tips			
		75096.91			50057.83					
d Control number				9 Advance EIC payment			10 Dependent care benefits			
4825576							177			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
				289			5700			
Rebekah Barnett				ory Retirement	Third-party	12b				
84190 Caleb Prairie				\mathbf{x}			E 750			
New Christophermouth MD 94515-8				ther (see enclosed Noti	ce to Employe	e) 12c	ı			
-					н 689					
							12d			
						P	580			
f Employee's address and ZIP code							1000			
15 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		
UT 683-35-979	28583.61	1639.3		75173.27		8972.19		Barron Plaza		
AZ 109-64-993	28808.22	2299.25		61484.33		7363.23		Melissa Plain		

Wage and Tax

Form W-2 Statement

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	UED	a Employee's socia	I security number		This information is being furnished to the Internal Revenue Service. If you are required								
STATE	/IENT	13	34-92-6303	OI	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.						1 you if		
b Employer identification number			1 V	Vages, tips, other co	mpensation		2 Federal income tax withheld						
42-8433717						62372.79			8316.31				
c Employer's name, address, and ZIP code					3 8	3 Social security wages			4 Social security tax withheld				
Clayton Inc Inc						75096.91			5744.91				
3502 Roberts Causeway Apt. 097				5 N	l				6 Medicare tax withheld				
<u> </u>					50057.83				1451.68				
Aaronchester NE 04350-1572				7 8	7 Social security tips				8 Allocated tips				
						75096.91			50057.83				
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits					
4825576								177					
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12					
						289				5700			
Rebekah Barnett					13 Statutory Retirement Third-party								
84190 Caleb Prairie New Christophermouth MD 94515-8					emple	employee plan sick pay			E	E 750			
					14 0	14 Other (see enclosed Notice to Employee)				12c			
New Chilscophermodth PhD 94313 6					н 689								
								12d					
								_					
									P 580				
f Employee's add			1 -	1		1							
I	oyer's state ID nu		16 State wages, tips, etc.	17 State income	e tax	18 Local wages, ti			cal income	tax	20 Locality	/ name	
UT	683-35	5-979	28583.61	1639.3		75173.27		897	2.19		Barron	Plaza	
AZ	109-64	-993	28808.22	2299.25	5	61484.33		736	3.23		Melissa	ı Plain	

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

