F	REISSUED a Employee's social security number				Safe, Accurate,				A SHIP		e IRS Website	
S	TATEMENT	78	35-51-1077	OMB N	o. 1545-0	008 F .	AST! Use	J	≁file	at www	.irs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation				Federal income tax withheld			
50-7365540					225269.79				73740.68			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Bell and Sons Ltd					230411.62			17626.49				
310 Williams Fords					5 Medicare wages and tips				6 Medicare tax withheld			
Lake Sierra NH 14021-6891					159132.81				4614.85			
	Lake Sierra NH 14021-6891					7 Social security tips			8 Allocated tips			
					230411.62			159132.81				
d Contro	ol number				9 Advance EIC payment				10 Dependent care benefits			
	1015258								112			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
	_, _,					285			3444			
Deborah Baker					13 Statutory Retirement Third-party employee plan sick pay			12b				
	2565 Clark Pass					X Sin pay			644			
	Collinsvil	le MT	23532-2006		14	Other (see end	losed Notice to Emplo	oyee)	12c	i		
	COTTINSVITTE MT 25552 2000								115			
									12d			
									G	422		
f Emplo	vee's address and ZIP cod	_						ŀ		722		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wa	iges, tips, etc.	19 L	ocal income	e tax	20 Locality name	
ND	133-08	992 108003.58 11839.86		11839.86	172693.36 2		27	7670.2		Rebecca Brooks		
VT	048-09	-935	118199.7	7951.15	161897.06 4		43	43782.31		Rebecca Forks		

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	REISSUED a Employee's social security number			This information is being furnished to the Internal Revenue Service. If you are required								
STATEMENT	STATEMENT 785-51-1077 OMB I				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.							
b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld				
50-7365540					225269.79			73740.68				
c Employer's name, address	3 8	3 Social security wages			4 Social security tax withheld							
Bell and		230411.62			17626.49							
310 Williams Fords					5 Medicare wages and tips			6 Medicare tax withheld				
					159132.81			4614.85				
Lake Sie	Lake Sierra NH 14021-6891					7 Social security tips			8 Allocated tips			
					230411.62			159132.81				
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits				
1015258	1015258								112			
e Employee's first name and	initial Last nar	ne		11 N	11 Nonqualified plans			12a See instructions for box 12				
D. b b						285			3444			
Deborah Baker 2565 Clark Pass					13 Statutory Retirement Third-party employee plan sick pay			12b				
								644				
Colling	Collinsville MI 23532-2006					14 Other (see enclosed Notice to Employee)			12c			
COIIINSVIIIE MI 25552-2000								115				
									12d			
							G	422				
								G 422				
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax				<u> </u>	18 Local wages, tips, etc.	19	Local income ta	x	20 Locality name			
1 .,	133-08-992 108003.58 11839.86			3.7,1.7		27670.2		Rebecca Brooks				
						-+=-:			I.C.Deccu Diooks			
VT 048	048-09-935 118199.7 7951.15			161897.06		43782.31		Rebecca Forks				

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

