REISSUED a Employee's social security nu		Safe, Accurate, Visit the IRS Website					
STATEMENT 197-14-	7539	OMB No. 1545-0008 FAST!	Use	file a	t www.irs.gov/efile.		
b Employer identification number		1 Wages, tips, other or	ompensation	Federal income tax withheld			
61-3574013		176188.	52	33145.56			
c Employer's name, address, and ZIP code		3 Social security wage	S	4 Social security tax withheld			
Jefferson, Brown and Horto	166229.0)4	12716.52				
07381 James Station Apt. 259		5 Medicare wages and	·	6 Medicare tax withheld			
South Joshua MT 37052-	163700.9	94	4747.33				
South Joshua MT 37052-7447		7 Social security tips		8 Allocated tips			
	166229.0	-	163700.94				
d Control number		9 Advance EIC payme	nt	10 Dependent care benefits			
8855554			278				
e Employee's first name and initial Last name		11 Nonqualified plans		12a See instructions for box 12			
Beth Nicholson		103		4447			
		13 Statutory Retirement employee plan	t Third-party sick pay	12b			
582 Moon Oval	X pian	SICK Pay	P 761				
North Darrell RI	14 Other (see enclosed	Notice to Employee)	12c				
North Barrerr Ri			-	721			
				12d			
				E 3	330		
6 Facility and Albert and TID and to				E	330		
f Employee's address and ZIP code 15 State Employer's state ID number 16 State was 16 State was 16 State was 17 State was 16 State was 17 State was 18 State was	ages, tips, etc. 17 State incom	ne tax 18 Local wages,	ips, etc. 19 Lo	ocal income tax	20 Locality name		
WA 452-10-331 90746		, .	• •	L40.65	Maurice Forge		
AR 525-11-360 95070	.76 5223.30	134367.3	16 316	512.01	Wright Cliffs		

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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 socia	al security number								ice. If you are required
STATEMENT	19	97-14-7539	OME	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.						
b Employer identification number		1 V	1 Wages, tips, other compensation		2	2 Federal income tax withheld				
61-3574013				176188.52			33145.56			
c Employer's name, address, and ZIP code			3 S	3 Social security wages			4 Social security tax withheld			
Jefferson, Brown and Horton Ltd				166229.04			12716.52			
07381 James Station Apt. 259		5 N				6 Medicare tax withheld				
South Joshua MT 37052-7447			163700.94			4747.33				
South Joshua MT 3/052-7447			7 S	7 Social security tips			8 Allocated tips			
					166229.04					00.94
d Control number			9 A	9 Advance EIC payment			10 Dependent care benefits			
8855554								278		
e Employee's first name and initial Last name		11 N	11 Nonqualified plans			12a See instructions for box 12				
- 11 mm 1 1				103			4447			
Beth Nicholson			13 Statut		Third-party	12b				
582 Moon Oval			X	employee plan sick pay			P	761		
North Darrell RI 64601-2604			14 C	14 Other (see enclosed Notice to Employee)						
								721		
							12d			
								E	330	
f Employee's address and ZIP co	ode									
15 State Employer's state ID r	number	16 State wages, tips, etc.	17 State income to	tax	18 Local wages, tips, e	tc. 19	9 Local inc	ome tax	:	20 Locality name
WA 452-1	0-331	90746.08	7575.64		199274.02	2	26140	. 65		Maurice Forge
AR 525-1	1-360	95070.76	5223.36		134367.16	3	31612	.01		Wright Cliffs

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

