R	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website		
ST	ATEMENT	62	20-11-2330	OMB N	o. 1545-0	008 FAST! U	se	e~file	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number					1 Wages, tips, other compensation			2 Feder	Federal income tax withheld		
:	10-9033108				89013.82			1448	14489.37		
<b>c</b> Employ	er's name, address, and Z	IP code			3 Social security wages			4 Socia	4 Social security tax withheld		
Gates Ltd PLC					79298.31			6066	6066.32		
2905 Sarah Turnpike Lake Jeffreyfort UT 93656-4031					5 Medicare wages and tips			6 Medio			
						69157.91			2005.58		
-	Lake Jeille	Arorr or	93636-4031		7 Social security tips			8 Alloca	8 Allocated tips		
					79298.31				69157.91		
<b>d</b> Control	Inumber				9 Advance EIC payment			10 Dependent care benefits			
!	9154133								166		
e Employee's first name and initial Last name					11 Nonqualified plans			12a See i	12a See instructions for box 12		
					143				3952		
	Benjamin Warren				13 Statutory Retirement Third-party employee plan sick pay			12b	12b		
033 Scott Streets				SICK PAY				149			
١.	Joshuashire WI 54030-3453				14 Other (see enclosed Notice to Employee)			e) 12c	1		
1	Joshuashile Wi Jaoso Jass								597		
								12d	12d		
									366		
f Employ	ee's address and ZIP code	Α.							1000		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	etc.	19 Local income to	ax	20 Locality name	
MN	057-91	-035	48625.68	2877.66	78922.58 1		14740.47		Katie Groves		
HI	476-53	-955	42767.64	2690.27		93428.43		17706.67		Deborah Vista	

Wage and Tax Statement 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.

F	REISSUED	a Employee's soci	•		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   620-11-2330 OMB No. 1545-0008 this income is taxable and you fail to report it.							. ,			
<b>b</b> Emplo	<b>b</b> Employer identification number					<ol> <li>Wages, tips, other compensation</li> </ol>			Federal income tax withheld		
10-9033108					89013.82			14489.37			
<b>c</b> Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
Gates Ltd PLC 2905 Sarah Turnpike					79298.31			6066.32			
					5 Medicare wages and tips			6 Medicare tax withheld			
					69157.91			2005.58			
	Lake Jeffreyfort UT 93656-4031					7 Social security tips			8 Allocated tips		
					79298.31			69157.91			
<b>d</b> Contro	ol number				9 Advance EIC payment			10 Dependent care benefits			
	9154133							166			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12		
	Benjamin Warren				143			3952			
	033 Scott Streets Joshuashire WI 54030-3453					13 Statutory Retirement Third-party sick pay X  14 Other (see enclosed Notice to Employee)			ì		
									149		
									12c		
									597		
									12d		
								366			
f Employee's address and ZIP code						1				T	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		· · · · · · · · · · · · · · · · · · ·		9 Local income tax		20 Locality name	
MN	057-91	L-035	48625.68	2877.66	78922.58		14	14740.47		Katie Groves	
HI	476-53	476-53-955 42767.64 2690.27		93428.43		17	L7706.67		Deborah Vista		

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

