REISSUED	REISSUED a Employee's social security number				Safe, Acc	curate,	a file	Visit the	e IRS Website		
STATEMENT	50	2-48-4095	OMB N	o. 1545-00	08 FAST! U	se		at www	.irs.gov/efile.		
b Employer identification number				1 V	/ages, tips, other comp	ensation	2 Fe	ederal income to	ax withheld		
42-4701944					94132.07			9549.58			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Burns-Morrison Ltd					112258.61			8587.78			
95975 Campbell Fort					ledicare wages and tip	S	6 M	6 Medicare tax withheld			
-					95893.84			2780.92			
Francisfort NM 45901-3126				7 Social security tips			8 AI	8 Allocated tips			
					112258.61			9589	3.84		
d Control number				9 A	dvance EIC payment		10 De	ependent care l	penefits		
5067907								162			
e Employee's first name and initia	Last name	1		11 N	onqualified plans		12a S	e instructions	for box 12		
			265			I	P 4272				
Crystal Abbott				13 Statutory Retirement Third-party employee plan sick pay			12b	1			
994 Stephanie Unions				x			_	D 161			
Jeffreystad HI 48343-2233					14 Other (see enclosed Notice to Employee)			ı			
								737			
							12d	1			
							I	691			
f Employee's address and ZIP co	de							122-			
15 State Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax	!	18 Local wages, tips,	etc. 19	9 Local incom	ne tax	20 Locality name		
SC 491-6	0-527	43398.73	4069.86		89750.06	1	0478.	15	Ronald Ports		
WA 477-2	7-979	47391.23	5965.2		93071.56	1	.4429.2	24	Monique Burg		

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.

REISSUED a Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT 502-48-4095	OMB N	OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you this income is taxable and you fail to report it.							
b Employer identification number		1 V	/ages, tips, other compensation		2 Federa	Il income tax	withheld		
42-4701944		94132.07			9549.58				
c Employer's name, address, and ZIP code	3 8	3 Social security wages			4 Social security tax withheld				
Burns-Morrison Ltd	112258.61			8587.78					
95975 Campbell Fort	5 Medicare wages and tips			6 Medicare tax withheld					
Francisfort NM 45901-31	95893.84			2780.92					
Francisiort NM 45901-31	7 Social security tips			8 Allocated tips					
			112258.61			9589	3.84		
d Control number	9 Advance EIC payment			10 Dependent care benefits					
5067907						162			
e Employee's first name and initial Last name		11 N	onqualified plans		12a See in	structions	for box 12		
			265		P	4272			
Crystal Abbott		13 Statu		/	12b	1			
994 Stephanie Unions	x plan sick pay x 14 Other (see enclosed Notice to Employee)			D	161				
Jeffreystad HI 48343-22				12c	1				
					737				
				-	12d	1			
					D	691			
f Employee's address and ZIP code							1		
15 State Employer's state ID number 16 State wages, tips, etc.			18 Local wages, tips, etc.		ocal income tax	•	20 Locality name		
SC 491-60-527 43398.73	4069.86		89750.06	104	478.15		Ronald Ports		
WA 477-27-979 47391.23	5965.2		93071.56	14	429.24		Monique Burg		

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

