REISSUED a Employee's social security number						Safe, Accurate,	TREE .	- CF		Visit the				
S	TATEMENT	4	74-82-7088	OMB	No. 1545-000	8 FAST! Use			6	at www.i	rs.gov/ef	ile.		
b Employer identification number						1 Wages, tips, other compensation				2 Federal income tax withheld				
58-2114081						151210.16				19370.91				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld					
Bryan, Wright and Walker PLC						192112.28				14696.59				
51561 Susan Field						5 Medicare wages and tips				6 Medicare tax withheld				
						165370.43			4795.74					
	Port Pamela MN 77963-6866					7 Social security tips				8 Allocated tips				
						192112.28			165370.43					
d Control number						Advance EIC payment			10 Dependent care benefits					
9613639										206				
e Employee's first name and initial Last name					11 No	1 Nonqualified plans			12a See instructions for box 12					
	Wendy Martin					288				G 1880				
						13 Statutory Retirement Third-party								
7423 Davidson Squares North Stevenland DE 45230-2350					employ	employee plan sick pay				812				
					<b>14</b> Ot	ner (see enclosed Notice to Emp	oloyee)	12c		ı				
										137				
								12d						
									D	626				
f Emplo	oyee's address and ZIP cod	le								020				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	х	18 Local wages, tips, etc.	19	Local inc	ome tax		20 Loca	lity name		
sc	274-03	-606	82314.18	5235.09		186343.38	24	4477	. 41		Rice	Courts		
NJ	750-16	-902	78978.72	6134.76		140184.38	17	7214	. 31		John	Bridge		
Wage and Tax					П	Department of the TreasuryInternal Revenue Service								
Form W	-2 Statem	ent		لا ب ے										

**Statement** Form W-2 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 STATEMENT 474-82-7088					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 474-82-7088  b Employer identification number				OWID	this income is taxable and you fail to report it.  1 Wages, tips, other compensation 2 Federal income tax withheld								
58-2114081					'	151210.16			19370.91				
	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
						192112.28			14696.59				
Bryan, Wright and Walker PLC 51561 Susan Field Port Pamela MN 77963-6866					5	5 Medicare wages and tips			6 Medicare tax withheld				
					165370.43				4795.74				
					7 Social security tips				8 Allocated tips				
					192112.28			165370.43					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	9613639									206			
	yee's first name and initial	Last name	e		11	11 Nonqualified plans			12a See instructions for box 12				
						000			G 1000				
	Wendy Martin					288 13 Statutory Retirement Third-party				G 1880			
						employee plan sick pay  14 Other (see enclosed Notice to Employee)							
7423 Davidson Squares									D 812				
	North Stevenland DE 45230-2350								12c				
Horem beeventand DE 45250 2550					!			137					
									12d	1-0,			
									_	606			
									D	626			
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State income ta					18 Local wages, tip	is etc	19	Local income ta	Y	20 Locality name			
SC	274-03		82314.18	5235.09	`	1.0 =====g==,p=, ===		' '	477.41	^			
30	2/4-03	5-000	02314.10	5233.09		100343.3	0	24	4//.41		Rice Courts		
NJ	750-16	5-902	78978.72	6134.76		140184.3	8	17	214.31		John Bridge		

Wage and Tax

**Statement** Form W-2 Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

