REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website at www.irs.gov/efile								
STA	ATEMENT	5	74-91-9701	OM	/IB No. 1545-00	008 FAST	! Use	5	ШЕ	at www.i	rs.gov/efile.	
b Employer identification number					1 V	1 Wages, tips, other compensation			Federal income tax withheld			
67-5191823						188992.63			21911.35			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
White, Dudley and Little PLC						159441.2			12197.25			
84982 Olsen Cove Suite 435					5 N				6 Medicare tax withheld			
South Lisa IA 03158-0632						176326.68			5113.47			
South Lisa in USIS6-U032					7 8	7 Social security tips			8 Allocated tips			
_						159441.2			176326.68			
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits			
7249411									123			
e Employee	e's first name and initial	Last name	9		11 N	11 Nonqualified plans			12a See instructions for box 12			
Tamakia Bassani						230			9487			
Loretta Bryant						13 Statutory Retirement Third-party employee plan sick pay			12b	i		
3104 Kelly River) plan	X		H	456		
Ernestmouth VA 48088-7649					14 (Other (see enclosed	Notice to Employ	ree) '	12c	ı		
									G	352		
								_	12d	ı		
										889		
	e's address and ZIP code									•		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income		18 Local wages,	•		cal income tax		20 Locality name	
ОН	466-12	-380	85791.15	6951.93		223883.1		240	24069.8		Rowe Turnpike	
KY	964-96	-628	95063.73	6825.79		177904.48		375	72.07	Jacqueline Grove		
Wage and Tax Statement					LΠ	Department of the TreasuryInternal Revenue Service						

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.

F	REISSUED a Employee's social security number			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							
S	STATEMENT 574-91-9701 OMB N			this income is taxable and you fail to report it.							
b Emplo	b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
67-5191823					188992.63			21911.35			
c Emplo	yer's name, address, and ZIP c	3	3 Social security wages			4 Social security tax withheld					
White, Dudley and Little PLC					159441.2			12197.25			
84982 Olsen Cove Suite 435				5 Medicare wages and tips			6 Medicare tax withheld				
					176326.68			5113.47			
	South Lisa IA	03158-0632		7 Social security tips			8 Allocated tips				
			159441.2			176326.68					
d Contro	ol number			9 /	9 Advance EIC payment			10 Dependent care benefits			
	7249411							123			
e Emplo	yee's first name and initial	Last name		11 Nonqualified plans			12a See instructions for box 12				
Loretta Bryant				230 13 Statutory Retirement Third-party			9487				
			employee plan sick pay			120					
	3104 Kelly F				н 456						
Ernestmouth VA 48088-7649					14 Other (see enclosed Notice to Employee)			12c			
Hilles amouth va 40000 7049							G	352			
						ŀ	12d	JJ2			
								889			
	yee's address and ZIP code	1	T .		1				1		
15 State	Employer's state ID number	9			· · · · · · · · · · · · · · · · · · ·		_ocal income tax	20 Locality name			
ОН	466-12-3	80 85791.15	6951.93		223883.1 2		069.8	Rowe Turnpike			
KY	964-96-6	95063.73	6825.79		177904.48		572.07	Jacqueline Grove			

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

