REISSUED a Employee's social security number			Safe,	Accurate,	200	H	Visit the	IRS Website		
STATEMENT 461-86-2161	OMB No	. 1545-00	08 FAST	! Use	G	file	at www.i	rs.gov/efile.		
b Employer identification number		1 V	ages, tips, other	compensation	2	2 Federa	Il income tax	withheld		
10-8717530			130322.04				23562.14			
c Employer's name, address, and ZIP code		3 Social security wages				4 Social security tax withheld				
Benson-Reyes Inc			151126.84				11561.2			
0899 Taylor Fort Suite 512 East Pamelaview NE 50146-1441			5 Medicare wages and tips				6 Medicare tax withheld			
			120586.42				3497.01			
			7 Social security tips				8 Allocated tips			
			151126.					86.42		
d Control number			9 Advance EIC payment			10 Dependent care benefits				
8855611						175				
e Employee's first name and initial Last name		11 N	onqualified plans		12	2a See in	structions t	for box 12		
Elizabeth Hamilton			287			н 5384				
			13 Statutory Retirement Third-party employee plan sick pay			12b				
044 Haney Plains			yee plan	SICK PAY		E	260			
Cruzfort WA 52519-6385			14 Other (see enclosed Notice to Employee)			2c	1			
							534			
					12	2d				
						G	661			
f Employee's address and ZIP code										
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax		18 Local wages	tips, etc.	19 Loca	al income ta	(20 Locality name		
ME 055-99-358 65485.14	6448.64	105673.49 2		2549	5495.72		Turner Light			
WI 929-95-974 69180.91	6582.02		125055.	61	1477	74.14		Reeves Stream		

Wage and Tax

5070 **Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	4	61-86-2161	OMB N	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 Wages, tips, other compensation			2 Federal income tax withheld					
10-8717530			130322.04			23562.14					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Benson-Reyes Inc			151126.84			11561.2					
0899 Taylor Fort Suite 512			5 Medicare wages and tips			6 Medicare tax withheld					
			120586.42			3497.01					
East Pamelaview NE 50146-1441				7 Social security tips			8 Allocated tips				
				151126.84			120586.42				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
8855611						175					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Elizabeth Hamilton			287			н	н 5384				
			13 Statutory Retirement Third-party			12b					
044 Haney Plains			em	oloyee plan sich	pay	E	260				
044 naney Flains			14	Other (see analysed Nation to I			200				
Cruzfort WA 52519-6385			14 Other (see enclosed Notice to Employee)			120					
							534				
						12d	1				
						G	661				
f Emplo	oyee's address and ZIP co	de									
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income	tax	20 Locality name	
ME	055-99	9-358	65485.14	6448.64		105673.49	2	25495.72		Turner Light	
WI	929-95	5-974	69180.91	6582.02		125055.61	1	4774.1	4	Reeves Stream	

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

