R	EISSUED	a Employee's socia	l security number			S	afe, Accurat	e,	v fi		Visit the	IRS Webs	ite	
ST	ATEMENT	81	.9-15-9389	OMB N	o. 1545-0	0008 F	AST! Use		7 111	6	at www.i	rs.gov/efile	١.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
12-2623255						151662.36				52760.13				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld					
Garrett-Gilbert Inc					186300.21				14251.97					
624 Gray Prairie Suite 225 South Loganmouth MD 36228-5400					5 Medicare wages and tips				6 Medicare tax withheld					
					196126.49				5687.67					
					7 Social security tips				8 Allocated tips					
					186300.21				196126.49					
d Control					9 Advance EIC payment				10 Dependent care benefits					
4	4181141								240					
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12							
	T. 66 D				235				D 4050					
Jeffrey Burke 54689 Humphrey Creek Smithton NY 40204-8659					13 Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee)				12b		1			
										E	635			
									12c		I			
										E	115			
								12d						
										н	687			
	ee's address and ZIP cod													
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			ages, tips, etc.		Local inc			20 Locality	name	
MN	090-41	-802	72279.37	7646.03		16455	6.99	20	852	.28		Arnold	Points	
ОН	737-41	-949	81240.35	7081.19		17137	4.33	27	023	. 97		Medina	Valley	

Wage and Tax Statement

Form W-2

5070

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.

RFI	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are requ								vice. If you are required			
	TEMENT	81	L9-15-9389	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					Vages, tips, other compensation	iaii to	2 Federal income tax withheld				
12-2623255						151662.36	52760.13					
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Garrett-Gilbert Inc						186300.21	14251.97					
624 Gray Prairie Suite 225					5 N	ledicare wages and tips	6 Medicare tax withheld					
_					196126.49	5687.67						
South Loganmouth MD 36228-5400					7 8	ocial security tips	8 Allocated tips					
						186300.21	196126.49					
d Control nur	mber				9 Advance EIC payment			10 Dependent care benefits				
41	4181141								240			
e Employee's	s first name and initial	Last name	9		11 Nonqualified plans			12a See instructions for box 12				
					235			D 4050				
Je	Jeffrey Burke				13 Statutory Retirement Third-party				1			
54689 Humphrey Creek Smithton NY 40204-8659					employee plan sick pay			1	E 635			
					14 C	other (see enclosed Notice to Employ	12c					
							1	E 115				
									12d			
									1			
							н 687					
f Employee's address and ZIP code										T		
	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.,,,,,,		Local incor		20 Locality name		
MN	090-41	802	72279.37	7646.03		164556.99 2		0852.28		Arnold Points		
ОН	737-41-949 81240.35 7081.19		7081.19		171374.33 27		023.	97	Medina Valley			

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

