RE	ISSUED	a Employee's socia	•				Safe, Acc	urate,			Visit the	IRS Website	
STA	ATEMENT	85	52-14-0412	OMB N	o. 1545-	8000	FAST! Us	e C	e~fi	16	at www.i	rs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation				2	2 Federal income tax withheld			
35-4799316						213063.63				57633.41			
c Employer's name, address, and ZIP code					3 Social security wages				4	4 Social security tax withheld			
Thomas, Glenn and Price LLC					209493.73				1	16026.27			
31432 Collins Lane Suite 877					5 Medicare wages and tips				6				
East Brandonberg VT 37565-0913					160076.37					4642.21			
East Brandonberg VI 37303-0913					7 Social security tips				8	8 Allocated tips			
					209493.73					160076.37			
d Control no					9 Advance EIC payment			10	10 Dependent care benefits				
4418786									217				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
Joseph Silva					221				9136				
					13 Statutory Retirement Third-party employee plan sick pay				12b		i		
90113 Robert Streets					X Sick pay				н 925				
West Daniel RI 04346-8049					14 Other (see enclosed Notice to Employee)				e) 12c		i		
										D	413		
									12d	12d			
										P	693		
	e's address and ZIP code												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Loc	al wages, tips,	etc.	19 Local in	come tax	:	20 Locality name	
ОН	232-51	-934	108856.48	10147.3		251	690.79		41211	.16		Wells Harbors	
MS	146-41	-509	115993.02	7834.17		187	846.46		32387	.43		Allen Rest	

Wage and Tax
Form W-2 Statement

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.

REISSUE	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are re-										
STATEMEN	т   8	352-14-0412	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>b</b> Employer identification	number			1 V	Vages, tips, other compensation		2 Federal income tax withheld				
35-4799316					213063.63		57633.41				
c Employer's name, add	c Employer's name, address, and ZIP code						4 Social security tax withheld				
Thomas, Glenn and Price LLC					209493.73			16026.27			
31432 Collins Lane Suite 877					5 Medicare wages and tips			6 Medicare tax withheld			
East Brandonberg VT 37565-0913					160076.37		4642.21				
					Social security tips		8 Allocated tips				
					209493.73			160076.37			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
4418786								217			
e Employee's first name	and initial Last nar	me		11 Nonqualified plans			12a See instructions for box 12				
Joseph Silva				221			9136				
90113 Robert Streets West Daniel RI 04346-8049					13 Statutory Retirement Third-party  employee plan sick pay						
							H	925			
					Other (see enclosed Notice to Employ	ee) <b>1</b>	12c				
							D	413			
						1	I2d				
								693			
f Employee's address and ZIP code							P  693				
1 . 7	tate ID number	16 State wages, tips, etc. 17 State income to		18 Local wages, tips, etc. 19			al income tax	20 Locality name			
ОН 23	2-51-934	108856.48	10147.3		251690.79 41		1211.16		Wells Harbors		
MS 14	6-41-509	115993.02	7834.17		187846.46	323	87.43		Allen Rest		

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

