REISSUED	REISSUED a Employee's social security number				Safe, Acc	TERS .	Visit the IRS Website			
STATEMENT	82	29-39-4357	OMB N	o. 1545-0	008 FAST! U	se	**************************************	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number				1 '	1 Wages, tips, other compensation			Federal income tax withheld		
86-7775227					77907.13			22136.56		
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Williamson-Mason LLC				89888.85			6876.5			
4356 Hannah Village Apt. 770				5 Medicare wages and tips			6 Medicare tax withheld			
				71602.28			2076.47			
Nguyentown MT 40878-5902				7 Social security tips			8 Allocated tips			
					89888.85			71602.28		
d Control number				9 Advance EIC payment			10 Deper			
9268490								242		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Donna Clark				268				8111		
				13 State	utory Retirement lovee plan	Third-party sick pay	12b	1		
88640 French Plaza Suite 459				Cilip	J. J	SICK Pay		751		
Thomashaven IN 05898-9184				14	14 Other (see enclosed Notice to Employee)			1		
							G	625		
						12d	12d			
							E	769		
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		9 Local income tax		20 Locality name	
AL 245-	39-425	38807.96	3921.52		76343.75	8	113.41		Debbie Ferry	
OR 090-	05-901	35620.49	3351.45		89564.75	1	L0927.27		Brooke Turnpike	

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.

REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required						
_	TATEMENT	82	29-39-4357	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> Emplo	oyer identification number			И	1	Wages, tips, other compensation		Federal income tax withheld		
86-7775227				77907.13			22136.56			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Williamson-Mason LLC				89888.85			6876.5			
4356 Hannah Village Apt. 770 Nguyentown MT 40878-5902				5 Medicare wages and tips			6 Medicare tax withheld			
				71602.28			2076.47			
				7 Social security tips			8 Allocated tips			
				89888.85			71602.28			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
	9268490							242		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Donna Clark				268			8111			
				13 Stat	utory Retirement Third-party lloyee plan sick pay		12b	1		
88640 French Plaza Suite 459								751		
	Thomashaven IN 05898-9184				14 Other (see enclosed Notice to Employee)			12c		
							G	625		
							12d			
							E	E 769		
f Employee's address and ZIP code										
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ax 18 Local wages, tips, etc. 19 Local income tax		tax	20 Locality name		
AL	245-89	-425	38807.96	3921.52	76343.75 8113.41 r		Debbie Ferry			
OR	090-05	-901	35620.49	3351.45		89564.75		10927.27		Brooke Turnpike

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

