| RI  | REISSUED a Employee's social security number        |         |                            |                     | Safe, Accurate,  |  |                   |          |                                 | Visit the IRS Website          |                  |  |  |
|---|---|---------|----------------------------|---------------------|--|--|-------------------|----------|---------------------------------|--------------------------------|------------------|--|--|
| ST  | ATEMENT   | 38      | 37-30-5365                 | OMB N               | o. 1545-(  | 8000                                       | FAST! Use         |          |                                 | at ww                          | w.irs.gov/efile. |  |  |
| <b>b</b> Employe                              | b Employer identification number                    |         |                            |                     |  | 1 Wages, tips, other compensation          |                   |          |                                 | 2 Federal income tax withheld  |                  |  |  |
| 90-7302004                                    |   |         |                            |                     | 75509.05   |  |                   |          | 1                               | 16598.36                       |                  |  |  |
| <b>c</b> Employe                              | er's name, address, and Z                           | IP code |                            |                     | 3 Social security wages                                    |  |                   |          | 4                               | 4 Social security tax withheld |                  |  |  |
| Boyd and Sons Inc                             |   |         |                            |                     | 87156.75   |  |                   |          | 6                               | 6667.49                        |                  |  |  |
| 7729 Thomas Fords Suite 010                   |   |         |                            |                     | 5 Medicare wages and tips                                  |  |                   |          | 6                               |                                |                  |  |  |
| -   |   |         |                            |                     |  | 64578.79                                   |                   |          |                                 | 1872.78                        |                  |  |  |
| F   | Flynnborough HI 83519-7599                          |         |                            |                     |  | 7 Social security tips                     |                   |          |                                 | 8 Allocated tips               |                  |  |  |
|   |   |         |                            |                     | 87156.75   |  |                   |          | 64578.79                        |                                |                  |  |  |
| d Control number                              |   |         |                            |                     | 9  | Advance El                                 | C payment         |          | 10                              | Dependent car                  |                  |  |  |
| 5675574                                       |   |         |                            |                     |  |  |                   |          |                                 | 227                            | 1                |  |  |
| e Employee's first name and initial Last name |   |         |                            |                     | 11 Nonqualified plans                                      |  |                   | 12a      | 12a See instructions for box 12 |                                |                  |  |  |
| Joel Swanson                                  |   |         |                            |                     | 184  |  |                   |          | E 7929                          |                                |                  |  |  |
|   |   |         |                            |                     | 13 Statutory Retirement Third-party employee plan sick pay |  |                   |          | 12b                             |                                |                  |  |  |
| 452 Arnold Underpass                          |   |         |                            |                     |  | employee plan sick pay                     |                   |          |                                 | 490                            | )                |  |  |
| т   | Lake Sarahtown DC 44520-0891                        |         |                            |                     |  | 14 Other (see enclosed Notice to Employee) |                   |          |                                 | i                              |                  |  |  |
| _   |   |         |                            |                     |  |  |                   |          |                                 | 661                            |                  |  |  |
|   |   |         |                            |                     |  |  |                   |          | 12d                             | 12d                            |                  |  |  |
|   |   |         |                            |                     |  |  |                   |          |                                 | 267                            | ,                |  |  |
|   |   |         |                            |                     |  |  |                   |          |                                 | 207                            | '                |  |  |
| 15 State                                      | ee's address and ZIP code<br>Employer's state ID nu |         | 16 State wages, tips, etc. | 17 State income tax |  | 18 Loca                                    | I wages, tips, et | tc. 19   | 9 Local inc                     | ome tax                        | 20 Locality name |  |  |
| ТX  | 748-58  | -962    | 39045.27                   | 1654.27             |  | 65452.29                                   |                   | .3071.36 |                                 | Carpenter View                 |                  |  |  |
|   |   |         |                            |                     |  | -  |                   |          |                                 |                                |                  |  |  |
| IA  | 806-91  | -412    | 38088.27                   | 1528.7              | 73796.46   |  |                   | 9902.67  |                                 | Castro Skyway                  |                  |  |  |

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.

| R   | EISSUED   | a Employee's socia    | al 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 |   |                             |                  |                                |                  |  |
|---|---|-----------------------|----------------------------|---|--|---|-----------------------------|------------------|--------------------------------|------------------|--|
| ST  | TATEMENT  | 38                    | 37-30-5365                 | 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> Employ   | yer identification number                                 |                       |                            |   | 1 '  | Wages, tips, other compensation         | Federal income tax withheld |                  |                                |                  |  |
| 90-7302004  |   |                       |                            |   |  | 75509.05                                | 16598.36                    |                  |                                |                  |  |
| c Employer's name, address, and ZIP code  |   |                       |                            |   |  | 3 Social security wages                 |                             |                  | 4 Social security tax withheld |                  |  |
| Boyd and Sons Inc   |   |                       |                            |   |  | 87156.75                                | 6667.49                     |                  |                                |                  |  |
|   | 7729 Thomas Fords Suite 010<br>Flynnborough HI 83519-7599 |                       |                            |   |  | Medicare wages and tips                 | 6 Medicare tax withheld     |                  |                                |                  |  |
|   |   |                       |                            |   |  | 64578.79                                | 1872.78                     |                  |                                |                  |  |
|   |   |                       |                            |   |  | Social security tips                    | 8 Allocated tips            |                  |                                |                  |  |
|   |   |                       |                            |   | 87156.75   |   |                             | 64578.79         |                                |                  |  |
| <b>d</b> Contro   | d Control number  |                       |                            |   |  | 9 Advance EIC payment                   |                             |                  | 10 Dependent care benefits     |                  |  |
|   | 5675574   |                       |                            |   |  |   |                             |                  | 227                            |                  |  |
| e Employ  | yee's first name and initial                              | 11 Nonqualified plans |                            |   | 12a See instructions for box 12  |   |                             |                  |                                |                  |  |
|   |   |                       | 184                        | E 7929  |  |   |                             |                  |                                |                  |  |
|   | Joel Swanson<br>452 Arnold Underpass                      |                       |                            |   |  | tory Retirement Third-party             | 12b                         |                  |                                |                  |  |
|   |   |                       |                            |   |  | employee plan sick pay                  |                             |                  | 490                            |                  |  |
| Lake Sarahtown DC 44520-0891  |   |                       |                            |   | 14 Other (see enclosed Notice to Employee)   |   |                             | 12c              |                                |                  |  |
|   | Lake Salancown Do 11520 0051                              |                       |                            |   |  |   |                             |                  | 661                            |                  |  |
|   |   |                       |                            |   |  |   |                             |                  | 12d                            |                  |  |
|   |   |                       |                            |   |  |   |                             |                  | 267                            |                  |  |
| f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax |   |                       |                            |   |  | I do La salva a sa Garaga               | 140                         | Local income tax |                                | 100 1            |  |
| 15 State  | Employer's state ID n                                     |                       | 16 State wages, tips, etc. |   |  | 100 20000 1100 1100 1100 1100 1100 1100 |                             |                  |                                | 20 Locality name |  |
| TX  | 748-58  | 3-962                 | 39045.27                   | 1654.27   |  | 65452.29 1                              |                             | L3071.36         |                                | Carpenter View   |  |
| IA  | 806-91  | L-412                 | 38088.27                   | 1528.7  | 73796.46   |   | 99                          | 02.67            | Castro Skyway                  |                  |  |

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

