F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website								
S	TATEMENT	24	19-12-4030	OMB	No. 1545-0	8000	FAST! Use		5 × 1	ile	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld			
88-3640057						40536.75				11118.45			
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld			
Wilson-Harrison PLC						50606.32				3871.38			
96293 Ryan Row					5	5 Medicare wages and tips				6 Medicare tax withheld			
Mathewsberg WV 96930-3650						31184.56				904.35			
					7	7 Social security tips				8 Allocated tips			
						50606.32				31184.56			
d Control number					9	9 Advance EIC payment			10	10 Dependent care benefits			
3665738										254			
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a	12a See instructions for box 12			
						290				5117			
Marie Smith						13 Statutory Retirement Third-party employee plan sick pay				12b			
34203 Wallace Falls						employee plan sick pay				н 762			
Justinstad NH 56369-2423						14 Other (see enclosed Notice to Employee)				12c			
Justinstad Nii 30309 2423										н	951		
										12d			
											740		
											749		
f Emplo	eyee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	×	18 Loca	l wages, tips, e	tc 1	19 Locali	income ta	×	20 Locality name	
WY	233-78		18327.39	1776.55		3, , , , . ,		7892.86			,		
	233-76	U 9 I	10321.33	1770.33				7092.00			Johnson Ferry		
GA	084-79	-118	21557.62	1924.13		43299.02		6302.48		Harrison Burg			

Wage and Tax Statement 5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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.

F	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are require							
S	STATEMENT 249-12-4030			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 '	Wages, tips, other compensation	·	2 Federal income tax withheld				
88-3640057						40536.75	11118.45					
<b>c</b> Emplo	c Employer's name, address, and ZIP code					Social security wages		4 Social security tax withheld				
Wilson-Harrison PLC						50606.32	3871.38					
96293 Ryan Row					5	Medicare wages and tips	6 Medicare tax withheld					
Mathewsberg WV 96930-3650						31184.56	904.35					
					7	Social security tips	8 Allocated tips					
						50606.32	31184.56					
d Contro	l number				9 /	9 Advance EIC payment			10 Dependent care benefits			
3665738									254			
e Emplo	yee's first name and initial	Last name	9		11 Nonqualified plans			12a See instructions for box 12				
						290	5117					
	Marie Smith					itory Retirement Third-	12b	10				
34203 Wallace Falls Justinstad NH 56369-2423						oyee plan sick p	н	762				
					X		-					
					14	Other (see enclosed Notice to En	12c	126				
							H	н 951				
								12d	1			
									749			
f Emplo	vee's address and ZIP cod	le .							1			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income to	ax	20 Locality name		
WY	233-78	-091	18327.39	1776.55	42570.14		78	7892.86		Johnson Ferry		
GA	084-79	-118	21557.62	1924.13		43299.02	6:	302.48		Harrison Burg		

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

