REISSUED a Employee's social security number					Safe, Acc	urate,			Visit the	IRS Website		
S	TATEMENT	53	34-55-1585	OMB N	o. 1545-00	08 FAST! U	se		IE .	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number					1 W	1 Wages, tips, other compensation			Federal income tax withheld			
71-6581539						243323.5			48664.69			
c Employer's name, address, and ZIP code					<b>3</b> S	3 Social security wages			4 Social security tax withheld			
Weeks, Poole and Joyce Ltd					213264.34				16314.72			
67350 Michael Estates Suite 200					5 Medicare wages and tips			6				
	Whitefurt	ОН	19102-9979			218221.55			6328.42			
	whitefult	OH	19102-9979		<b>7</b> S	7 Social security tips			8 Allocated tips			
						213264.34			218221.55			
d Control number					9 Advance EIC payment			10	10 Dependent care benefits			
338933									200			
e Emplo	yee's first name and initial	Last name			11 Nonqualified plans			12a	12a See instructions for box 12			
					174				E 9955			
	Gabriella	Whit	e			13 Statutory Retirement Third-party						
700 James Island					emplo		sick pay		P	142		
	Debraberg	MO	69931-5681		<b>14</b> O	ther (see enclosed No	tice to Employee	e) <b>12c</b>		ı		
	•								P	713		
								12d		1		
									D	651		
f Employee's address and ZIP code										1		
15 State	Employer's state ID nur	mber	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips	etc. 1	19 Local ir	come tax	(	20 Locality name	
AZ	272-44	-592	125906.8	5558.52		311409.03	2	26933	3.28		Roberts Oval	
IA	279-33	-047	114848.13	5871.77		303761.26	2	25248	3.92		Brewer Divide	
Wage and Tax Statement						Department of the TreasuryInternal Revenue Service						

**Statement** Form W-2 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.

RE	ISSUED	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							
STA	ATEMENT	53	34-55-1585	OMB N	OMB No. 1545-0008 to life 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	r identification number				1 Wages, tips, other compensation			Federal income tax withheld				
71-6581539						243323.5			48664.69			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Weeks, Poole and Joyce Ltd					213264.34			16314.72				
67350 Michael Estates Suite 200 Whitefurt OH 19102-9979					5 Medicare wages and tips 218221.55			6 Medicare tax withheld 6328.42				
												***
					213264.34			218221.55				
	d Control number					9 Advance EIC payment			10 Dependent care benefits			
3:	38933							200				
e Employee	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
G	Gabriella White					174  13 Statutory Retirement Third-party			E 9955			
					employee plan sick pay				۱			
7	700 James Island								P 142			
D	Debraberg MO 69931-5681				14 (	Other (see enclosed Notice to Employ	12c					
									713			
								12d	1			
									651			
f Employee's address and ZIP code												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		_ocal income tax		20 Locality name		
AZ	272-44	-592	125906.8	5558.52		311409.03	26	933.28		Roberts Oval		
IA	279-33	3-047	114848.13	5871.77		303761.26	25	248.92		Brewer Divide		

Wage and Tax

**Statement** Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

