F	REISSUED a Employee's social security number				Safe, Accurate,				A SHIP	Visit the	IRS Website		
S	TATEMENT	10)5-15-5396	OMB	No. 1545-0	008 F	AST! Use		≁file >	at www.i	irs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld				
41-6110546						148930.94			32743.8				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Terrell-Anderson and Sons						152472.19			11664.12				
7619 Tiffany Square Suite 915 Allenmouth VT 23002-0340					5 Medicare wages and tips				6 Medicare tax withheld				
					126587.76				3671.05				
					7 Social security tips				8 Allocated tips				
						152472.19			126587.76				
d Control number					9	9 Advance EIC payment			10 Dependent care benefits				
	8400461								165				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
Donna Patel 284 Don Knoll South Wayne NC 88390-5484					235			E 8847					
					13 Statutory Retirement Third-party employee plan sick pay			12b	1				
					X X SICK PAY				D 708				
					14	14 Other (see enclosed Notice to Employee)			12c	1			
									262				
									12d				
										523			
f Employee's address and ZIP code										1			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wa	ges, tips, etc.	19 L	Local income ta	x	20 Locality name		
HI	181-83	-038	75641.71	5982.79		116769.7 2		22	22213.3		Tanya Forges		
AZ	562-99	-593 69760.46 6990.36		112029.96 2		25	25621.71		Rogers Lake				

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 soci	al security number			This information is being furnis					
_	TATEMENT 105-15-5396 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 Employer identification number					Wages, tips, other compensation			2 Federal income tax withheld			
41-6110546						148930.94	32743.8				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Terrell-Anderson and Sons					152472.19			11664.12			
7619 Tiffany Square Suite 915 Allenmouth VT 23002-0340					5 1	Medicare wages and tips	6 Medicare tax withheld				
						126587.76	3671.05 8 Allocated tips				
					7 5	Social security tips					
					152472.19			126587.76			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
8400461								165			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12		
	Donna Patel				235			E 8847			
	Domia Facei					13 Statutory Retirement Third-party employee plan sick pay			ı		
284 Don Knoll South Wayne NC 88390-5484					X	X		D	708		
					14 (Other (see enclosed Notice to Emplo	12c				
							262				
							12d				
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								523			
15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income ta:	ζ	20 Locality name	
HI	181-83		75641.71	5982.79			22	22213.3		Tanya Forges	
	101 03		75041.71	3302.73			22	213.3		Tanya Forges	
AZ	562-99	-593	69760.46	6990.36	112029.96		25	25621.71		Rogers Lake	

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

