REISSUED a	EISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website							
STATEMENT	277-95-5776	OMB No	o. 1545-000	8 FAST! Us	e		e a	at www.irs.	gov/efile.		
b Employer identification number			1 Wa	ages, tips, other compe	nsation	2 Federal income tax withheld					
44-4698696			:	209716.49		2	25594.92				
c Employer's name, address, and ZII	P code		<b>3</b> So	cial security wages		4 Social security tax withheld					
Dean, Harris and Jensen Inc				241933.61		18507.92					
25721 Kim Bridge Suite 306				edicare wages and tips		6 Medicare tax withheld					
				252705.22			7328.45				
East Codymouth RI 77482-9236				cial security tips		8 Allocated tips					
				241933.61		252705.22					
d Control number			<b>9</b> Ad	vance EIC payment		10	•	nt care bene	fits		
2645742								112			
e Employee's first name and initial Last name			11 No	nqualified plans		12a See instructions for box 12					
Tara Prince			142				9961				
			13 Statuto employ		Third-party sick pay	12b	1				
014 Wilkerson Tunnel			employ	ee pan	SICK Pay		E	614			
Port Sara VA 05194-4262			<b>14</b> Ot	ner (see enclosed Notic	ce to Employee)	12c					
							P	964			
							12d				
							P	275			
f Employee's address and ZIP code							- 1				
15 State Employer's state ID num		17 State income tax		18 Local wages, tips, e	etc. 19	Local inc	come tax	2	0 Locality name		
WI 181-59-	-281 107404.2	7307.35	<u>_</u>	217535.94	2	3037	.05	G	lenn River		
GA 259-31-	-808 94534.52	8702.77		219988.46	3	9127	.26	A	nna Radial		

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required										
S	TATEMENT	2	77-95-5776	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 Employer identification number				1 Wages, tips, other compensation						2 Federal income tax withheld					
44-4698696					209716.49						25594.92				
c Employer's name, address, and ZIP code				3 Social security wages						4 Social security tax withheld					
Dean, Harris and Jensen Inc				241933.61						18507.92					
25721 Kim Bridge Suite 306				5 Medicare wages and tips						6 Medicare tax withheld					
East Codymouth RI 77482-9236				252705.22						7328.45					
				7 Social security tips						8 Allocated tips					
					241933.61						252705.22				
d Control number					9 Advance EIC payment						10 Dependent care benefits				
2645742													112		
e Employee's first name and initial Last name			11 Nonqualified plans						12a See instructions for box 12						
Tara Prince				142						9961					
				13 Statutory Retirement Third-party						12b					
014 Wilkerson Tunnel			em	ployee	plan		sick pay			E	614				
VIT WIIREISON TUNNEI				14	Other (e)		a al Minatin	a ta Faralau	\	12c		014			
Port Sara VA 05194-4262				14 Other (see enclosed Notice to Employee)					ee)	120					
f Employee's address and ZIP code										P	964				
									12d						
										P	275				
								-		_	1				
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Lo	cal wages	s, tips, e	tc.	19 L	ocal inc	ome tax	:	20 Localit	y name
WI	181-59	9-281	107404.2	7307.35	217535.94		23	23037.05			Glenn	River			
														<u> </u>	
GA	259-31	L-808	94534.52	8702.77		219988.46			39	127	.26	Anna 1	Radial		

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

