F	REISSUED	a Employee's socia	•		Safe, Accurate,				ŒH		Visit the	IRS Web	osite	
S	TATEMENT	04	6-03-5044	OMB N	o. 1545-0	008 FAS	T! Use	U		e	at www.ii	rs.gov/ef	ile.	
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld					
06-1763935						187946.23				20169.09				
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4 Social security tax withheld					
White Inc Inc					232120.18				17757.19					
2198 Diaz Lake Suite 163					5 Medicare wages and tips				6 Medicare tax withheld					
West Elizabethstad CA 00835-6896					139895.26				4056.96					
west Elizabethstad CA 00035-0090					7 Social security tips				8 Allocated tips					
					232120.18				139895.26					
d Control number					9 Advance EIC payment				10 Dependent care benefits					
3986114									141					
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12							
., _					253				D 9457					
	Mary Donovan					13 Statutory Retirement Third-party employee plan sick pay					1			
393 Kevin Rest Apt. 853 South Saraton NV 19397-3274					14 Other (see enclosed Notice to Employee)					119				
									12c					
South Salaton NV 19397 3274									513					
									12d					
										P	159			
f Emplo	yee's address and ZIP cod	е								1				
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wage	s, tips, etc.	19 L	ocal inco	ome tax		20 Loca	lity name	
NJ	559-72	-830	94894.11	5443.37		205109	. 91	20	316.	19		Carl	Square	
MA	249-09	-411	91788.85	6546.62		216429	. 84	37	162.	54		Willis	s Plains	

Wage and Tax
Form W-2 Statement

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	ISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are require										
S	TATEMENT	04	16-03-5044	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 Emplo	b Employer identification number					/ages, tips, other compensation		2 Federal income tax withheld				
06-1763935						187946.23	20169.09					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
White Inc Inc					232120.18			17757.19				
2198 Diaz Lake Suite 163 West Elizabethstad CA 00835-6896					5 N	ledicare wages and tips	6 Medicare tax withheld					
						139895.26	4056.96					
					7 S	ocial security tips	8 Allocated tips					
						232120.18	139895.26					
d Control number					9 A	dvance EIC payment	10 Dependent care benefits					
3986114							141					
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
	Mary Donovan				13 Statu	253 ory Retirement Third-party	D 12b					
393 Kevin Rest Apt. 853				employee plan sick pay 119								
South Saraton NV 19397-3274					14 (other (see enclosed Notice to Employ	ree)	12c				
							513					
							l	12d				
								P	159			
f Employee's address and ZIP code												
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		3.7,7,7,7		Local income to		20 Locality name		
NJ	559-72	2-830	94894.11	5443.37	205109.91 2		20	316.19)	Carl	Square	
MA	249-09	9-411	91788.85	6546.62		216429.84	37	162.54		Willi	s Plains	

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

