REISSUE		ial security number				Safe, Accurate,	e 🖸	HIO	Visit the	IRS Website		
STATEME	NT 1	56-12-4151	OMB N	o. 1545-0	800	FAST! Use	G	√file >	at www.i	rs.gov/efile.		
b Employer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld				
56-1019766					88920.43				9137.97			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Wallace-Doyle and Sons					104414.62				7987.72			
6205 Singleton Common					5 Medicare wages and tips				6 Medicare tax withheld			
Port Lisa RI 27906-8658				92676.12				2687.61				
				7 Social security tips				8 Allocated tips				
					104414.62			92676.12				
d Control number					Advance EIC	payment		10 Depen	dent care be	enefits		
9839304									259			
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
Tanaina Busan				166				E 1635				
Jessica Brown				13 Statutory Retirement Third-party employee plan sick pay				12b	1			
97544 Lisa Plaza Suite 730				X		X		H	600			
Thomashaven KY 08113-1050					Other (see e	nclosed Notice to Employ	/ee)	12c	1			
111011140114 111 10113 1000							P	345				
						•	12d					
									795			
f Employee's address												
' '	state ID number	16 State wages, tips, etc.	17 State income tax			wages, tips, etc.		ocal income tax	(20 Locality name		
AZ 1	77-41-307	48610.18	2403.16		8088	6.32	15	407.62		Santos Brooks		
NE 6	81-55-542	46064.93	3444.41		7436	7.79	17	519.88		Natasha Rue		

Wage and Tax

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.

	and Tare	,1	-		1					
NE 681-5	5-542	46064.93	3444.41		74367.79	1	7519.8	8	Natasha Rue	
AZ 177-4	1-307	48610.18	2403.16		80886.32	1.	5407.6	52	Santos Brooks	
15 State Employer's state ID r		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	1	Local incom		20 Locality name	
f Employee's address and ZIP co					T				<u> </u>	
								795		
							120	1		
							12d	345		
Thomashaven KY 08113-1050					,	,,		245		
			0	14 (Other (see enclosed Notice to Em	ployee)	12c	1,7,7		
Jessica Brown 97544 Lisa Plaza Suite 730				employee plan sick pay			н	600	500	
				13 Statu		. ,	12b	1		
Tanai an Dunam				166			E 1635			
e Employee's first name and initia	l Last name			11 N	lonqualified plans		12a Se	e instruction	s for box 12	
9839304							259			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
					104414.62			92676.12		
Port Lisa RI 27906-8658				7 8	Social security tips	8 Alle	8 Allocated tips			
				92676.12			2687.61			
6205 Singleton Common				5 Medicare wages and tips			6 Medicare tax withheld			
Wallace-Doyle and Sons				104414.62			7987.72			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
56-1019766				88920.43			9137.97			
b Employer identification number				Wages, tips, other compensation				deral income t	tax withheld	
STATEMENT	15	66-12-4151	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.						
REISSUED a Employee's social security number					This information is being fu					

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

