REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Websi					e			
STATEMENT	86	57-31-0360	OMB N	lo. 1545-0	0008 FAST! Us	e		le	at www.ii	s.gov/efile.		
b Employer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld				
91-7168814					135710.43			21690.08				
c Employer's name, address, and ZIP code				3	3 Social security wages			4 Social security tax withheld				
Harris-Williamson PLC					124034.74			9488.66				
0573 Diane Turnpike				5				6 Medicare tax withheld				
_				176115.48				5107.35				
North April UT 55027-7761				7	7 Social security tips			8 Allocated tips				
					124034.74			176115.48				
d Control number				9 Advance EIC payment 10 Dependent care benefits								
6601288				104								
e Employee's first name and initial Last name				11 Nonqualified plans 12a See instructions for bo				or box 12				
Jay Carter				296				н 1997				
				13 Sta	tutory Retirement plovee plan	Third-party sick pay	12b		ı			
7573 Sandra Summit					x				286			
Isabelburgh WI 98223-6278				14	14 Other (see enclosed Notice to Employee)				Ī			
								D	241			
			12d				12d					
								E	615			
f Employee's address and ZIP of	ode											
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, 6	etc. 1	19 Local in	come tax	:	20 Locality	name	
NY 126-1	0-911	72246.25	8614.77		112262.04	1	17882	. 55		Sutton	Hill	
MD 284-8	1-643	65380.92	7169.74		105494.64	2	26682	. 64		Stewart	Creek	

Wage and Tax

5070 **Statement** 

Department of the Treasury--Internal Revenue Service

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.

F	REISSUED	a Employee's socia	I security number		This information is being furnished to the Internal Revenue Service. If you are required							
1	TATEMENT	86	57-31-0360	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.							
	oyer identification number	1			1 V	Vages, tips, other compensation	ian to i	2 Federal income tax withheld				
91-7168814					135710.43		21690.08					
<b>c</b> Emplo	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Harris-Williamson PLC				124034.74			9488.66					
0573 Diane Turnpike				5 N	Medicare wages and tips		6 Medicare tax withheld					
_					176115.48	5107.35						
	North April UT 55027-7761				7 8	Social security tips		8 Allocated tips				
					124034.74		176115.48					
d Control number				9 Advance EIC payment			10 Dependent care benefits					
6601288								104				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Jay Carter				296			н 1997					
				13 Statu	tory Retirement Third-party		12b					
7573 Sandra Summit				empl	oyee plan sick pay			286				
	7070 0000000000000000000000000000000000				14 (	Other (see enclosed Notice to Employ	ee)	12c				
	Isabelburgh WI 98223-6278				'	value (see enclosed Notice to Employ	00)					
							D	241				
							12d	ı				
								E	615			
f Employee's address and ZIP code												
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	_	ocal income		20 Locality	name	
NY	126-10	)-911	72246.25	8614.77		112262.04	17	882.5	5	Sutton	Hill	
									_			
MD	284-81	L-6 <b>4</b> 3	65380.92	7169.74		105494.64	26	682.6	4	Stewart	Creek	

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

