RE	ISSUED	a Employee's socia	•			Safe	, Accurate,	e D	z HI		Visit the	IRS Website	
STA	ATEMENT	70	4-57-8444	OMB N	lo. 1545-0	0008 <b>FAS</b>	T! Use	<u>G</u>		<b>e</b>	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld			
06-9640360						175510.12				30376.01			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Rivera, Underwood and Huber and Sons						199331.46				15248.86			
11793 John Well					5 Medicare wages and tips				6 Medicare tax withheld				
7	Kellyfort PA 25433-6924				191442.05				5551.82				
_ r					7 Social security tips				8 Allocated tips				
					199331.46				191442.05				
d Control number					9 Advance EIC payment				10 Dependent care benefits				
1977068									153				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
7	Budhama Taraha				135				E 5720				
A	Anthony Jacobs				13 Statutory Retirement Third-party employee plan sick pay				12b	ı			
07071 Page Wall North Jonathan CT 58197-1324					14 Other (see enclosed Notice to Employee)					D	696		
									12c	ĺ			
									G	368			
									12d				
										P	444		
f Employee's address and ZIP code										l			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wage:	s, tips, etc.	19 Lo	ocal inco	me tax		20 Locality name	
FL	465-41	-486	93781.46	3423.44		211465	.16	318	385.	47		Ashley Island	
UT	389-19	-299	84770.77	4740.99		219458	. 95	232	234.	99		George Dale	

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.

REISSUED	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	<b>STATEMENT</b> 704-57-8444 OMB N				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 V	1 Wages, tips, other compensation			Federal income tax withheld				
06-9640360					175510.12			30376.01				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Rivera, Underwood and Huber and Sons					199331.46				15248.86			
11793 John Well					5 Medicare wages and tips				6 Medicare tax withheld			
Vollfort	Kellyfort PA 25433-6924				191442.05				5551.82			
Religion					7 Social security tips				8 Allocated tips			
					199331.46				191442.05			
d Control number	d Control number					9 Advance EIC payment			10 Dependent care benefits			
1977068								1	L53			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					135			E 5720				
Anthony Jacobs 07071 Page Wall					tory Retirement	Third-party	12b					
					employee plan sick pay			D 6	696			
North Jona	14 (	14 Other (see enclosed Notice to Employee)										
North Jonathan CT 58197-1324								G 3	368			
								12d				
								P 4	144			
f Employee's address and ZIP code								<u> </u>				
15 State Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income to	ax	18 Local wages, tips,	etc. 1	9 Local inco	me tax		20 Locality name		
FL 465-41	-486	93781.46	3423.44		211465.16	3	1885.	47		Ashley Island		
UT 389-19	9-299	84770.77	4740.99		219458.95	2	3234.	99		George Dale		

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

