| R | REISSUED a Employee's social security number | | | | Safe, Accurate, | RS • | AHO. | Visit the | IRS Website | | |
|--|--|----------------------------|---------------------|--|--|-------|---------------------------------|----------------------------|-------------------|--|--|
| ST | TATEMENT | 368-98-2285 | OMB N | lo. 1545-0008 | FAST! Use | J | | at www.i | rs.gov/efile. | | |
| b Employer identification number | | | | · · | s, tips, other compensation | | Federal income tax withheld | | | | |
| 46-1777846 | | | | 61 | .107.51 | | 8048.47 | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social | security wages | | 4 Social security tax withheld | | | | |
| Harmon Inc Inc | | | | | 661.24 | | 4334.58 | | | | |
| 3817 Dawn Inlet Suite 011 | | | | | are wages and tips | | 6 Medicare tax withheld | | | | |
| New Adam IL 99559-3071 | | | | | 865.96 | | 2229.11 | | | | |
| New Adam IL 99559-3071 | | | | | security tips | | 8 Allocated tips | | | | |
| | | | | | 56661.24 | | | 76865.96 | | | |
| d Control number | | | | 9 Advar | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 3702047 | | | | | | 169 | | | | | |
| e Employ | yee's first name and initial Last | name | | 11 Nonqu | alified plans | | 12a See instructions for box 12 | | | | |
| Sarah Hines 87588 Richard Extensions Gambleshire TX 85056-9970 | | | | 14 | | 3721 | | | | | |
| | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 1 | | | |
| | | | | епроуее | X Sick pay | | D | | | | |
| | | | | 14 Other | (see enclosed Notice to Empl | oyee) | 12c | 1 | | | |
| | | | | | | | | 767 | | | |
| | | | | | | - | 12d | | | | |
| | | | | | | | н | | | | |
| f Employ | vee's address and ZIP code | | | | | - | - 11 | 230 | | | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 | Local wages, tips, etc. | 19 L | ocal income tax | (| 20 Locality name | | |
| AK | 540-70-316 | 28637.81 | 4131.56 | 74 | 1400.08 | 674 | 47.1 | | Lowery Brook | | |
| NY | 154-34-088 | 33412.95 | 3316.46 | 48 | 48915.92 | | 11922.2 | | Nicholas Junction | | |
| Wage and Tax Statement | | | | 0 | Department of the TreasuryInternal Revenue Service | | | | | | |

Statement 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 soci | al security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | | |
|--|---|-------------------|----------------------------|---|--|--|--------|---------------------------------|-------------------------------|--------------------------------|----------|-------------|------------------------|
| S | TATEMENT | 30 | 68-98-2285 | 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. | | | | | | | | you if | |
| b Employer identification number | | | | | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | | |
| 46-1777846 | | | | | | 61107.51 | | | | 8048.47 | | | |
| c Employer's name, address, and ZIP code | | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | |
| Harmon Inc Inc | | | | 56661.24 | | | | 4334.58 | | | | | |
| 3817 Dawn Inlet Suite 011 | | | | 5 Medicare wages and tips 76865.96 | | | | 6 Medicare tax withheld 2229.11 | | | | | |
| | | | | | | | | | | | | | New Adam IL 99559-3071 |
| | | | | 56661.24 | | | | 76865.96 | | | | | |
| d Control number | | | | 9 Advance EIC payment | | | | 10 Dependent care benefits | | | | | |
| 3702047 | | | | | | | | 169 | | | | | |
| e Emplo | e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | |
| | Sarah Hines | | | | 140 | | | | 3721 | | | | |
| | | | | | 13 Statutory Retirement Third-party | | | | 12b | | | | |
| | 87588 Richard Extensions | | | | | employee plan sick pay | | | D 727 | | | | |
| | | | | | | 14 Other (see enclosed Notice to Employee) | | | | 12c | | | |
| | Gambleshire TX 85056-9970 | | | | | | | | | | 767 | | |
| | | | | | | | | 767 | | | | | |
| | | | | | | | | | 120 | 1 | | | |
| | | | | | | ! | | | | н 230 | | | |
| f Employee's address and ZIP code | | | | | | | | | | | , | | |
| 15 State | Employer's state ID n | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wage | | | Local inco | | | 20 Locality | name |
| AK | 540-70 | 0-316 | 28637.81 | 4131.56 | | 74400.08 6 | | 67 | 5747.1 | | | Lowery | Brook |
| NY | 154-34 | 1-088 | 33412.95 | 3316.46 | 48915.92 | | 1922.2 | | | Nicholas | Junction | | |

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

