REIS	SUED	a Employee's socia	•				Safe, Acc	urate,	e D	2HI	V	isit the	IRS Websi	te
STATI	EMENT	27	7-61-1507	OMB N	lo. 1545-	8000	FAST! U	se	G		a	t www.ii	rs.gov/efile	-
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
38-6323337						180414.58				20398.8				
c Employer's na	ame, address, and Z	IP code			3	3 Social security wages				4 Social security tax withheld				
Dyer and Sons PLC						136816.01				10466.42				
5946 Amy Ports West Donnaville CT 47125-8789					5 Medicare wages and tips					6 Medicare tax withheld				
					202163.81					5862.75				
					7 Social security tips					8 Allocated tips				
					136816.01					202163.81				
d Control numb	oer				9 Advance EIC payment				1	10 Dependent care benefits				
463	30779										:	166		
e Employee's first name and initial Last name					11 Nonqualified plans				•	12a See instructions for box 12				
Mary Stevens 4072 Johnson Loaf East Elizabeth AZ 08511-2867					107					D 1018				
					13 Statutory Retirement Third-party sick pay X 14 Other (see enclosed Notice to Employee)					12b				
										Ι) :	144		
									ree) '	12c				
										E 555				
					 				<u> </u>	12d				
										Ι) (685		
	address and ZIP cod		T	T.= -									T	
	nployer's state ID nu		16 State wages, tips, etc.	17 State income tax			cal wages, tips,			cal incom			20 Locality	name
NM	424-28	-713	85636.51	4489.42		162	782.95		228	14.:	L3		Andersor	n Spurs
NM	909-35	-249	83509.46	5403.41		228	121.56		266	62.3	34		Willie	Flats

Wage and Tax

Form W-2 Statement

5010

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.

RE	ISSUED	a Employee's socia	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if									
STA	ATEMENT	27	77-61-1507	OMB N	OMB No. 1545-0008 to life 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 Wages, tips, other compensation				2 Federal income tax withheld				
38-6323337					180414.58				20398.8					
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld					
Dyer and Sons PLC						136816.01				10466.42				
5946 Amy Ports						5 Medicare wages and tips				6 Medicare tax withheld				
_					202163.81				5862.75					
W	West Donnaville CT 47125-8789					7 Social security tips				8 Allocated tips				
					136816.01				202163.81					
d Control n	d Control number					9 Advance EIC payment				10 Dependent care benefits				
4	4630779									166				
e Employee	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
		107				D 1018								
Mary Stevens						13 Statutory Retirement Third-party								
4072 Johnson Loaf East Elizabeth AZ 08511-2867					employee plan sick pay				D	144				
					14 Other (see enclosed Notice to Employee)									
									E	555				
								12d						
										685				
f Employee's address and ZIP code							İ							
15 State	Employer's state ID no	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal inc	ome tax		20 Locality name			
NM	424-28	3-713	85636.51	4489.42		162782.95	22	814	.13		Anderson Spurs			
NM	909-35	5-249	83509.46	5403.41		228121.56	26	662	. 34		Willie Flats			

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

