RE	ISSUED a Employee's social security number					Safe	, Accurate,	Visit the	IRS Website				
STA	TEMENT	36	59-55-8354	OMI	B No. 1545-00	008 FAS	T! Use	rs e v f	116	at www.i	rs.gov/efile.		
b Employer identification number					1 V	Vages, tips, othe	compensation	2	2 Federal income tax withheld				
34-1593768						194159.54				25175.48			
c Employer's name, address, and ZIP code					3 8	3 Social security wages				4 Social security tax withheld			
Perry Inc PLC						176686.93				13516.55			
2179 Perez Brook Suite 340 Lake Michael WV 70287-6590					5 N	l				6 Medicare tax withheld			
						204928.99				5942.94			
					7 8	7 Social security tips				8 Allocated tips			
						176686.93				204928.99			
d Control no	umber				9 A	9 Advance EIC payment				10 Dependent care benefits			
686098										201			
e Employee's first name and initial Last name					11 N	11 Nonqualified plans				12a See instructions for box 12			
						188				1516			
S	Sarah Phillips					13 Statutory Retirement Third-party employee plan sick pay							
6919 Hernandez Harbors						employee plan sick pay				388			
South Virginiashire MA 54122-738						14 Other (see enclosed Notice to Employee)				i			
										D 411			
										12d			
										775			
f Employee's address and ZIP code										•			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income t	tax	18 Local wage	· ·	19 Local ii	ncome tax		20 Locality name		
AK	521-19	-986	87508.05	6979.26		205471.16 2		25470	25470.54		Carol Manors		
IL	428-23	-154	99942.36	5054.65		236025	. 14	37090	0.09		Hoover Hill		

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.

REISSUED	a Employee's so	cial security number		This information is being furnished to the Internal Revenue Service. If you are required								
STATEMENT		369-55-8354	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.								
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld			
34-1593768					194159.54				25175.48			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Perry Inc PLC					176686.93				13516.55			
2179 Perez Brook Suite 340 Lake Michael WV 70287-6590					5 Medicare wages and tips				6 Medicare tax withheld			
					204928.99				5942.94			
					7 Social security tips				8 Allocated tips			
					176686.93				204928.99			
d Control number					9 Advance EIC payment				10 Dependent care benefits			
686098									201			
e Employee's first name and	e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12			
Sarah Phillips				188					1516			
baran inilips					13 Statutory Retirement Third-party employee plan sick pay				12b		1	
6919 Hernandez Harbors										H	388	
South Virginiashire MA 54122-738					14 Other (see enclosed Notice to Employee)				12c			
										D	411	
								-	12d			
									775			
f Employee's address and ZIP code 15 State Employee's state ID number 16 State wages, tips, etc. 17 State income tax					1.0.1			1.0				Lag I II
		16 State wages, tips, etc.	17 State income tax			wages, tips				ome tax		20 Locality name
AK 521	-19-986	87508.05	6979.26		205471.16 2		25	25470.54			Carol Manors	
IL 428	-23-154	99942.36	5054.65		2360	25.14		37	090	.09		Hoover Hill

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

