REISSU	ED a Employee's so	ocial security number			Safe, Ac	curate,			Visit the	IRS Website	
STATEM	ENT !	572-61-7363	OMB N	o. 1545-0	008 FAST! U	se	G~IL	le	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation			2	2 Federal income tax withheld			
57-64	57-6453000				100736.95			20984.25			
c Employer's name	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Atkinson LLC Inc				98017.23			7	7498.32			
2712 Michelle Mall Toddshire VA 68716-4442				5 Medicare wages and tips			6				
				91487.02 7 Social security tips				2653.12 8 Allocated tips			
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
7500676								172			
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12				
			110				D 8377				
Annette Williams			13 Statu		Third-party	12b					
2218 Robinson Camp Apt. 214				emp	loyee plan	sick pay			240		
Rickyfurt WY 98413-1561					14 Other (see enclosed Notice to Employee)			12c			
1.20							G	829			
						12d	12d				
									148		
f Employee's addre	ss and ZIP code								1110		
	Employer's state ID number 16 State wages, tips, etc. 17 State income tax		18 Local wages, tips, etc. 19		19 Local in	Local income tax 20 Locality		20 Locality name			
WV	732-50-728	52299.57	5198.73		121360.57		18487	8487.37		Miller Throughway	
ME	161-29-112	47730.16	4572.26	83585.66		14118	14118.03		Salinas Street		

Wage and Tax Statement 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.

F	REISSUED	a Employee's socia	I security number		This information is being furnished to the Internal Revenue Service. If you are required						
	TATEMENT	57	72-61-7363	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 Emplo	yer identification number	I.		l.					I income tax	withheld	
57-6453000				100736.95			20984.25				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Atkinson LLC Inc				98017.23			7498.32				
2712 Michelle Mall				5 Medicare wages and tips			6 Medicare tax withheld				
Toddshire VA 68716-4442				91487.02			2653.12				
				7 Social security tips			8 Allocated tips				
				98017.23			91487.02				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
7500676							172				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Annette Williams				110			D 8377				
				13 Statu			12b				
2218 Robinson Camp Apt. 214				employee plan sick pay			240				
Rickyfurt WY 98413-1561				14 Other (see enclosed Notice to Employee)			12c				
MICHARITAE WI SOIIS ISSI			G				829				
			12d								
									1		
							148				
f Employee's address and ZIP code								T			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.7,1,7,		Local income ta	20 Locality name		
WV	732-50	-728	52299.57	5198.73		121360.57		L8487.37		Miller Throughway	
ME	161-29	-112	47730.16	4572.26		83585.66	14	118.03		Salinas Street	

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

