STATEMENT 738-97-6062 OMB No. 1545-0008 FASTI Use	F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website						е		
Carployer's name, address, and ZIP code	S	TATEMENT	73	38-97-6062	OMB	No. 1545-	8000	FAST! Us	e "	5 ~11		at www.i	rs.gov/efile.	
C Employer's name, address, and ZIP code Hamilton-Thompson and Sons 473 Wade Bypass Port Johnchester NV 07383-2943 5 Medicare wages and tips 6 Medicare tax withheld 237880 . 44 6898.53 7 Social security tips 8 Allocated tips 212281.34 237880 . 44 6898.53 7 Social security tips 212281.34 237880 . 44 6898.53 7 Social security tips 212281.34 237880 . 44 6898.53 7 Social security tips 8 Allocated tips 212281.34 237880 . 44 7 Social security tips 8 Allocated tips 212281.34 237880 . 44 7 Social security tips 8 Allocated tips 212281.34 237880 . 44 7 Social security tips 8 Allocated tips 212281.34 237880 . 44 7 Social security tips 8 Allocated tips 10 Dependent care benefits 188 11 Nonqualified plans 128 See instructions for box 12 E 2250 E	b Emplo	yer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld			
Hamilton-Thompson and Sons 473 Wade Bypass Port Johnchester NV 07383-2943 5 Medicare wages and tips 237880.44 6898.53 6898.53 7 Social security tips 8 Allocated tips 237880.44 237880.44 237880.44 6898.53 7 Social security tips 8 Allocated tips 212281.34 237880.44 237880.44 16239.52 1888		65-4190094					233973.58				38524.8			
A73 Wade Bypass	c Emplo	oyer's name, address, and 2	ZIP code			3	3 Social security wages				4 Social security tax withheld			
237880.44 6898.53		Hamilton-Th	ompson an	d Sons			212281.34				16239.52			
Port Johnchester NV 07383-2943 237880.44 6898.53		473 Wade By	pass			5	= '				6 Medicare tax withheld			
21281.34 237880.44 d Control number 3568875														
d Control number 3568875 9 Advance EIC payment 10 Dependent care benefits 188 e Employee's first name and initial Last name 11 Nonqualified plans 12a See instructions for box 12		Port Jonnen	ester	NV 0/383-294	3	7	7 Social security tips				8 Allocated tips			
188							212281.34				237880.44			
Carla Doyle 13 Statutory Retirement 14 Other (see enclosed Notice to Employee) 12c 831 12d G 413 13 14 14 15 15 15 15 15 15						9	9 Advance EIC payment			10	10 Dependent care benefits			
199		3568875									188			
13 Statutory Retirement Third-party Sick pay Plan Sick pay State Sta	e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12			
2965 Mendoza Ridge West Michaelbury SD 21860-0 14 Other (see enclosed Notice to Employee) 12c 831 12d G 413 G		~ 1 -	-			199					E 2250			
## Part		Caria Doy	71e											
		2965 Mendoza Ridge												
Remployee's address and ZIP code Femployer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 20 Locality nam	West Michaelbury SD 21860-0					14	14 Other (see enclosed Notice to Employee)					Ī		
G 413 G 413 G F Employee's address and ZIP code If State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name											831			
f Employee's address and ZIP code 15 State Employer's state ID number											12d			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 19 Local income 19 Local income tax 20 Locality name 19 Local income tax 20 Locality name 19 Local income 19 Local											G	413		
KY 796-47-376 124739.21 11033.37 242065.46 33937.27 Meredith Burgs		,											,	
				9		x							20 Locality n	name
WI 318-22-050 117156.92 10304.25 275829.46 36628.07 Marcus Glens	KY	796-47	7-376	124739.21	11033.37		2420	65.46		33937	.27		Meredith	Burgs
	WI	318-22	-050	117156.92	10304.25		2758	29.46		36628	.07		Marcus (Glens

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

5010

Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

F	REISSUED a Employee's social security number				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						
	STATEMENT 730 37 0002				this income is taxable and you fail to report it.						
	yer identification number	1 \	Vages, tips, other compensation	ŀ	Federal income tax withheld						
65-4190094					233973.58	38524.8					
c Emplo	yer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Hamilton-Thompson and Sons				212281.34			16239.52				
	473 Wade Bypass			5 1	Medicare wages and tips	6 Medicare tax withheld 6898.53					
		·			237880.44						
	Port Johnchester	NV 07383-294	13	7 5	ocial security tips	8 Allocated tips					
					212281.34			237880.44			
d Contro	ol number			9 Advance EIC payment			10 Dependent care benefits				
	3568875							188			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
	Carla Doyle 2965 Mendoza Ridge West Michaelbury SD 21860-0				199 13 Statutory Retirement Third-party			E 2250			
					byee plan sick pay	806					
					Other (see enclosed Notice to Employ						
					viter (see enclosed Notice to Employ	831					
						ŀ	12d				
								G 413			
	yee's address and ZIP code				.				_		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		3.,,,,,,,,		9 Local income tax		20 Locality name		
KY	796-47-376	124739.21	11033.37		242065.46 3		33937.27		Meredith Burgs		
WI	318-22-050	117156.92	10304.25		275829.46	36	628.07		Marcus Glens		

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

