REISSUED a Employee's social security number					Safe, Accurate, Visit the IRS Website							
S	TATEMENT	51	L2-21-3733	OM	B No. 1545-00	08 FAST! U	se			at www.i	rs.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld			
59-5939181						115874.92			27944.27			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Wright-Hall Ltd						144941.69			11088.04			
15683 Cody Summit						5 Medicare wages and tips			6 Medicare tax withheld			
Deborahstad WV 92531-3666						104847.61			3040.58			
	Deboranstad	. WV 923	31-3000		7 8	7 Social security tips			8 Allocated tips			
						144941.69			104847.61			
d Control number						9 Advance EIC payment			10 Dependent care benefits			
6641615									267			
e Employee's first name and initial Last name						11 Nonqualified plans			12a See instructions for box 12			
Samantha Figueroa						110			5113			
						13 Statutory Retirement Third-party			12b			
941 Alyssa Ferry Apt. 481					emple X	pyee plan	sick pay			527		
Port Eileen IL 85397-3003						ther (see enclosed No	tice to Employe	e) 12c		1		
1010 1110011 11 00007									P	952		
							12d					
										131		
f Emplo	oyee's address and ZIP cod	Δ.								1131		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income	tax	18 Local wages, tips	, etc.	19 Local in	come tax	(20 Locality	name
NJ	791-64	-837	54276.94	4051.09		124161.38	3	19736	.73		Davis	Way
DC	778-46	-860	52310.43	4253.5		126371.61		12911	. 8		Lewis (Green
<u> </u>	Wane a		Department of the TreasuryInternal Revenue Service									
Wage and Tax Statement						Department of the Treasuryinternal Revenue Service						
Form W.	.º Statem	ent										

Wage and Tax **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.

REISSUED a Employee's social security number					This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	STATEMENT 512-21-3733 OMB N				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					Wages, tips, other compensation			2 Federal income tax withheld			
59-5939181					115874.92			27944.27			
c Employer's name, address, a	3 8	3 Social security wages			4 Social security tax withheld						
Wright-Hal		144941.69			11088.04						
15683 Cody	5 N	a.a.agaa aa apa			6 Medicare tax withheld						
		104847.61			3040.58						
Deborahsta	7 8	7 Social security tips			8 Allocated tips						
					144941.69			104847.61			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
6641615					267						
e Employee's first name and ini	11 N	11 Nonqualified plans			12a See instructions for box 12						
					110			5113			
Samantha Figueroa 941 Alyssa Ferry Apt. 481					13 Statutory Retirement Third-party employee plan sick pay						
								527			
Port Eile	14 (14 Other (see enclosed Notice to Employee)			12c						
1010 1110					P 952						
								12d			
					131						
f Employee's address and ZIP		AC Ctataaaaa tiaa ata	17 State income t		40	140.1	ocal income tax		20. Lassituassa		
15 State Employer's state ID		16 State wages, tips, etc.		ıax	3.,,,,,,,				20 Locality name		
NJ 791-0	54-837	54276.94	4051.09		124161.38	19	736.73		Davis Way		
DC 778-4	16-860	52310.43	4253.5		126371.61		911.8	Lewis Green			

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

