REIS	REISSUED a Employee's social security number									IRS Website			
STAT	EMENT	76	51-58-6121	OME	No. 1545-0	0008 FAST! U	se	<u>_</u>	Tile .	at www.i	irs.gov/efile.		
<b>b</b> Employer ide	entification number			•	1	1 Wages, tips, other compensation				2 Federal income tax withheld			
71-5511387						66013.18				24133.79			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Nelson and Sons PLC						60814.71				4652.33			
059 William Skyway Erikberg NM 01707-8418					5	a.a.aa.gaa aa apa				6 Medicare tax withheld			
						46700.66				1354.32			
EL.	Erikberg NM 01707-8418					7 Social security tips				8 Allocated tips			
						60814.71			46700.66				
d Control number					9	9 Advance EIC payment			10 Dependent care benefits				
14:	12820									223			
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12					
a						105			1253				
50	Stephanie Martinez					13 Statutory Retirement Third-party employee plan sick pay				12b			
5709 Kerr Mission					Cin	X	X		D	176			
Port Sarahport IL 36961-1802					14	14 Other (see enclosed Notice to Employee)				12c			
1010 balanpolo 11 00001 1001					107								
									12d				
									н	698			
f Employee's	address and ZIP code	2						-		030			
	mployer's state ID nur		16 State wages, tips, etc.	17 State income to	ix .	18 Local wages, tips,	etc.	19 Lo	cal income to	ax	20 Locality name		
MI	061-58	-566	35138.8	2545.87		56959.95 1		130	.3036.47		Watson Ridge		
IA	983-80-729 32505.45 3155.03			74131.62		109	31.07	Brown Shoals					

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.

F	REISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required								
_	TATEMENT	76	51-58-6121	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>b</b> Emplo	b Employer identification number					Wages, tips, other compensation				2 Federal income tax withheld			
71-5511387					66013.18				24133.79				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Nelson and Sons PLC					60814.71				4652.33				
059 William Skyway Erikberg NM 01707-8418					5 Medicare wages and tips				6 Medicare tax withheld				
					46700.66				1354.32				
					7 Social security tips				8 Allocated tips				
					60814.71				46700.66				
<b>d</b> Contro	d Control number					9 Advance EIC payment				10 Dependent care benefits			
	1412820								223				
e Emplo	yee's first name and initial	Last name	)		11 Nonqualified plans				12a See instructions for box 12				
	Stephanie Martinez				105 13 Statutory Retirement Third-party				1253				
	_					employee plan sick pay							
	5709 Kerr Mission					X	х		D	176			
	Port Sarahport IL 36961-1802					14 Other (see enclosed Notice to Employee)				12c			
									G	107			
										12d			
									H	698			
f Emplo	f Employee's address and ZIP code							-		.  050			
15 State	Employer's state ID number 16 State wages, tips, etc. 17 State income tax		18 Local wages, tips, etc. 19		19 Lc	ocal incom	e tax	20 Locality name					
MI	061-58	-566	35138.8	2545.87		56959.	95	130	036.4	17	Watson Ridge		
				†							†		
IA	983-80	-729	32505.45	3155.03		74131.	62	109	931.0	7	Brown Shoals		

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

