R	REISSUED	a Employee's socia	l security number				Safe, Accu	rate,	To T		Visit the	IRS Website	
ST	TATEMENT	17	75-77-5131	OMB N	o. 1545-0	800	FAST! Use			le	at www.i	rs.gov/efile.	
b Employer identification number					1 '	1 Wages, tips, other compensation				Federal income tax withheld			
72-2976723						128514.44				16151.86			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Hill-Sharp and Sons						129335.32				9894.15			
137 Nancy Trail					5 Medicare wages and tips				6 Medicare tax withheld				
					128298.44				3720.65				
Lake Markshire NJ 48635-5033					7 Social security tips			8 Allocated tips					
					129335.32			128298.44					
d Control number					9 Advance EIC payment			10 Dependent care benefits					
2258321								171					
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
						215				2403			
	Thomas Frost 31588 Debra Track Stevenport NE 82056-9219					13 Statutory Retirement Third-party sick pay X Page 14 Other (see enclosed Notice to Employee)				12b			
										903 12c 728			
btevenport NE 02030 3213													
										12d			
										D	838		
f Employ	yee's address and ZIP cod	Э											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	-	18 Loc	al wages, tips, et	c. 19	Local in	come tax		20 Locality name	
WI	734-86	-525	65859.76	3498.41		145	216.19	1	5482	.89		Nelson Ferry	
VA	966-46	-644	63868.65	2557.39		988	94.99	2:	3434	. 8		Morris Islands	

Wage and Tax

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.

RI	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required							
ST	STATEMENT 175-77-5131 OMB N				B No. 1545-00	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 V	· · · · · · · · · · · · · · · · · · ·			2 Federal income tax withheld			
72-2976723						128514.44		16151.86				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Hill-Sharp and Sons						129335.32		98	9894.15			
137 Nancy Trail						Medicare wages and tips		6 Medicare tax withheld				
Lake Markshire NJ 48635-5033						128298.44			3720.65			
						Social security tips		8 All	8 Allocated tips			
						129335.32			128298.44			
d Control	number				9 A	9 Advance EIC payment			10 Dependent care benefits			
2258321									171			
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12			
_						215		2403				
1	Thomas Frost					tory Retirement	Third-party	12b	12b			
31588 Debra Track Stevenport NE 82056-9219						pyee plan	sick pay		903			
						Other (see enclosed Noti	ce to Employee)	12c				
Stevenpoit NE 82030-9219									728			
								12d	1			
									020			
									838			
15 State	ee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income t	tax	18 Local wages, tips,	etc. 19	Local incom	e tax	20 Locality name		
WI	734-86		65859.76	3498.41		= ' ' ' '		5482.8	19	Nelson Ferry		
			· 							† -		
VA	966-46	966-46-644 63868.65 2557.39			98894.99		3434.8	Morris Islands				

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

