REISSUED a Employee's social security number		Safe, Accurate,		IRS Website			
STATEMENT 263-32-7072	OMB No. 1545-0	008 FAST! Use	at www.	irs.gov/efile.			
b Employer identification number	1 '	Wages, tips, other compensation	2 Federal income ta	x withheld			
54-4945688		193304.56	29005.54	29005.54			
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax	4 Social security tax withheld			
Bailey, Patterson and Farmer and Sons		245586.78	18787.39	18787.39			
0161 Adams Pass		Medicare wages and tips	6 Medicare tax with	6 Medicare tax withheld			
Stevensmouth OR 82894-7031		161242.77	4676	4676.04			
		Social security tips	8 Allocated tips	8 Allocated tips			
		245586.78	1612	42.77			
d Control number	9	Advance EIC payment	10 Dependent care b	enefits			
7521239			177				
e Employee's first name and initial Last name		Nonqualified plans	12a See instructions	12a See instructions for box 12			
Maria Barrera		110	G 7407	G 7407			
		tory Retirement Third-party oyee plan sick pay	/ 12b				
353 Ruiz Rest	Cinp	John Stok Pay	E 572				
Mcmillanbury GA 18029-4839		Other (see enclosed Notice to Emplo	yee) 12c				
			770				
			12d				
			875				
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 Sta	te income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
		9		_			
CA 841-30-756 105057.33 501	2.16	165383.1	22770.32	Hurley Cliff			
NE 032-71-411 87639.91 637	5.07	206096.29	25894.47	Roth Pine			

Wage and Tax Statement

Form W-2

5070

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.

REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	2	63-32-7072	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 Employer identification num	per		•	1 \	Vages, tips, other compensatio	n	2 Federa	l income tax	withheld		
54-4945688			193304.56			29005.54					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Bailey, Patterson and Farmer and Sons			245586.78			18787.39					
0161 Adams Pass			5 Medicare wages and tips			6 Medicare tax withheld					
		161242.77			4676.04						
Stevensmouth OR 82894-7031			7 Social security tips			8 Allocated tips					
			245586.78			161242.77					
d Control number			9 Advance EIC payment			10 Dependent care benefits					
7521239							177				
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12						
		110			G	G 7407					
Maria Barrera 353 Ruiz Rest Mcmillanbury GA 18029-4839			13 Statutory Retirement Third-party			12b					
			employee plan sick pay			E 572					
			14 Other (see enclosed Notice to Employee)								
			14	other (see enclosed Notice to E	mpioyee)	120	I				
						770					
							12d	1			
							875				
f Employee's address and ZI	code									-	
15 State Employer's state	D number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax	(20 Locality	/ name	
CA 841-	30-756	105057.33	5012.16		165383.1	2	2770.32		Hurley	Cliff	
NE 032-	71-411	87639.91	6375.07		206096.29	2	5894.47		Roth	Pine	

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

