F	REISSUED	a Employee's socia	•				Safe, Accı	urate,	0 1/6	H	Visit the	IRS Website	
S	<b>FATEMENT</b>	45	66-78-5707	OMB N	o. 1545	-0008	FAST! Us	e	<b>G</b> ~1	ile	at www.i	rs.gov/efile.	
<b>b</b> Emplo	yer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld			
	24-8493228					76521.46				19442.09			
c Employer's name, address, and ZIP code					3 Social security wages				4	4 Social security tax withheld			
Bell, Elliott and Sandoval and Sons					73699.48					5638.01			
754 Jessica Drive Suite 608 Garrisonville ND 44451-2253					5 Medicare wages and tips				6				
					58602.52					1699.47			
	Garrisonville ND 44451-2255					7 Social security tips				8 Allocated tips			
					73699.48				58602.52				
d Contro	ol number				9 Advance EIC payment 10 Dependent care benefits				enefits				
8522173									180				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12			
					152				8367				
	Bryan Daws	on			13 Statutory Retirement Third-party			12b	12b				
	013 Brittany Pine Suite 432					employee plan sick pay				655			
Hannaside MD 64906-3225					14 Other (see enclosed Notice to Employee)				ee) 12c	12c			
										543			
						İ				12d			
										P	399		
f Employee's address and ZIP code						-							
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			cal wages, tips,		19 Local i		(	20 Locality name	
NV	579-08	-165	35596.79	2206.86		667	49.32		13109	9.54		Jennifer Landing	
VT	099-67	-039	37757.56	1401.14		915	42.15		14869	9.98		Wilcox Tunnel	

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.

R	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							
	<b>STATEMENT</b> 456-78-5707 OMB N			No. 1545-0008 this income is taxable and you fail to report it.								
<b>b</b> Employ	yer identification number				1	Wages, tips, other compensation	Federal income tax withheld					
:	24-8493228					76521.46	19442.09					
c Employer's name, address, and ZIP code						Social security wages	4 Social security tax withheld					
Bell, Elliott and Sandoval and Sons					73699.48			5638.01				
754 Jessica Drive Suite 608					5	Medicare wages and tips	6 Medicare tax withheld 1699.47					
						58602.52						
· '	Garrisonville ND 44451-2253					Social security tips	8 Allocated tips					
						73699.48			58602.52			
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	8522173								180			
e Employ	yee's first name and initial	Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
,	Bryan Dawson 013 Brittany Pine Suite 432 Hannaside MD 64906-3225					152  13 Statutory Retirement Third-party			8367			
						utory Retirement Third-party loyee <u>plan</u> <u>sick pay</u>	12b					
						x			655			
-						Other (see enclosed Notice to Employ	12c					
							543					
									12d			
									Р 399			
f Employee's address and ZIP code										1		
15 State		Employer's state ID number 16 State wages, tips, etc. 17 State income tax		10 = 200			Local income tax 20 Locality name					
NV	579-08	3-165	35596.79	2206.86	66749.32 1		13	L3109.54		Jennifer Landing		
VT	099-67-039 37757.56 1401.14		91542.15		14	14869.98		Wilcox Tunnel				

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

