| 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0         | State income tax | 18 Local wages, tips, etc. <b>70986.14</b>                                  | 19 Local income ta <b>8801.26</b> | x 20 Locality name Elizabeth Bridge    |  |  |
|--|------------------|---|-----------------------------------|--|--|--|
|  |                  |   | 12d                               | 449                                    |  |  |
| Lake Mary WV 28561-1809                        | 14               | Other (see enclosed Notice to Empl  | * *                               |  |  |  |
| Steven Woodard<br>067 Townsend Place Suite 589 |                  | Statutory Retirement Third-part  Participant Sick pay  Participant Sick pay | 825                               |  |  |  |
| e Employee's first name and initial Last name  | 11               | Nonqualified plans 234  | 12a See in                        |  |  |  |
| 2902237  |                  |   |                                   | 268                                    |  |  |
| d Control number                               | 9                | Advance EIC payment   | 10 Depen                          |  |  |  |
| Lake Matthew NE 34409-6811                     | 7                | Social security tips 88569.04   | 8 Allocat                         | ed tips<br>102508.87                   |  |  |
| 4755 Gutierrez Fords                           | 5                | Medicare wages and tips 102508.87   | 6 Medica                          | 6 Medicare tax withheld 2972.76        |  |  |
| Bailey, Crawford and Taylor Ltd                |                  | 88569.04  |                                   | 6775.53                                |  |  |
| c Employer's name, address, and ZIP code       | 3                | Social security wages   |                                   |  |  |  |
| b Employer identification number 63-8357225    | 1                | Wages, tips, other compensation 84450.71                                    |                                   | 2 Federal income tax withheld 10262.81 |  |  |
| STATEMENT 764-21-8161                          | OMB No. 154      |   | rse file                          | at www.irs.gov/efile.                  |  |  |
| REISSUED a Employee's social security number   |                  | Safe, Accurate,   |                                   | Visit the IRS Website                  |  |  |

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.

|  |   |                            |  |  | The information in both of the in- |  |                             |     |                  |  |  |  |   |                     |  |           |              |         |
|--|---|----------------------------|--|--|------------------------------------|--|-----------------------------|-----|------------------|--|--|--|---|---------------------|--|-----------|--------------|---------|
| REISSUED   | a Employee's soci                       | •                          |  | 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 |                                    |  |                             |     |                  |  |  |  |   |                     |  |           |              |         |
| STATEMENT  | 7                                       | 64-21-8161                 | OMB N  | OMB No. 1545-0008 to life a tax return, a negligence penalty of other sanction may be imposed on you in this income is taxable and you fail to report it.                      |                                    |  |                             |     |                  |  |  |  |   |                     |  |           |              |         |
| <b>b</b> Employer identification number            | <b>b</b> Employer identification number |                            |  | 1 Wages, tips, other compensation  |                                    |  | Federal income tax withheld |     |                  |  |  |  |   |                     |  |           |              |         |
| 63-8357225   |   |                            | 84450.71   |  |                                    | 10262.81   |                             |     |                  |  |  |  |   |                     |  |           |              |         |
| c Employer's name, address, and ZIP code           |   |                            | 3 Social security wages                                    |  |                                    | 4 Social security tax withheld                   |                             |     |                  |  |  |  |   |                     |  |           |              |         |
| Bailey, Crawford and Taylor Ltd                    |   |                            | 88569.04   |  |                                    | 6775.53  |                             |     |                  |  |  |  |   |                     |  |           |              |         |
| 4755 Gutierrez Fords<br>Lake Matthew NE 34409-6811 |   |                            | 5 Medicare wages and tips 102508.87 7 Social security tips |  |                                    | 6 Medicare tax withheld 2972.76 8 Allocated tips |                             |     |                  |  |  |  |   |                     |  |           |              |         |
|  |   |                            |  |  |                                    |  |                             |     |                  |  |  |  |   | 88569.04            |  |           | 1025         | 08.87   |
|  |   |                            |  |  |                                    |  |                             |     | d Control number |  |  |  | 9 | Advance EIC payment |  | 10 Depend | lent care be | enefits |
| 2902237  |   |                            |  |  |                                    |  |                             | 268 |                  |  |  |  |   |                     |  |           |              |         |
| e Employee's first name and initial Last name      |   | 11 Nonqualified plans      |  |  | 12a See instructions for box 12    |  |                             |     |                  |  |  |  |   |                     |  |           |              |         |
| Steven Woodard                                     |   |                            | 234  |  |                                    | G 4607   |                             |     |                  |  |  |  |   |                     |  |           |              |         |
|  |   |                            | 13 Statutory Retirement Third-party                        |  |                                    | 12b  |                             |     |                  |  |  |  |   |                     |  |           |              |         |
| 067 Townsend Place Suite 589                       |   |                            | em   | oloyee plan sick pay   |                                    | G  | 825                         |     |                  |  |  |  |   |                     |  |           |              |         |
| Lake Mary WV 28561-1809                            |   |                            |  | 14 Other (see enclosed Notice to Employee)   |                                    | yee)   | 12c                         |     |                  |  |  |  |   |                     |  |           |              |         |
|  |   |                            |  |  |                                    |  | G                           | 449 |                  |  |  |  |   |                     |  |           |              |         |
|  |   |                            |  |  |                                    |  | 12d                         | 449 |                  |  |  |  |   |                     |  |           |              |         |
|  |   |                            |  |  |                                    |  | 120                         |     |                  |  |  |  |   |                     |  |           |              |         |
|  |   |                            |  |  |                                    |  |                             | 582 |                  |  |  |  |   |                     |  |           |              |         |
| f Employee's address and ZIP cod                   |   |                            |  |  |                                    |  |                             |     |                  |  |  |  |   |                     |  |           |              |         |
| 15 State Employer's state ID no                    | umber                                   | 16 State wages, tips, etc. | 17 State income tax  |  | 18 Local wages, tips, etc.         | 19   | Local income tax            |     | 20 Locality name |  |  |  |   |                     |  |           |              |         |
| MT 518-33  | 3-302                                   | 44625.67                   | 3799.53  |  | 70986.14                           | 88   | 01.26                       |     | Elizabeth Bridge |  |  |  |   |                     |  |           |              |         |
| NE 778-71  | L-749                                   | 40107.68                   | 4995.02  |  | 85506.95                           | 14   | 189.83                      |     | Taylor Shores    |  |  |  |   |                     |  |           |              |         |

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

