REI	EISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
STA	TEMENT	78	4-44-5097	OMB 1	No. 1545-0	800	FAST! Use		7 111	<i>E</i> (at www.ii	rs.gov/efile.	
b Employer i	identification number				1 \	1 Wages, tips, other compensation				Federal income tax withheld			
77-4932111						93910.96				12688.05			
c Employer's name, address, and ZIP code					3 5	3 Social security wages				4 Social security tax withheld			
Wright Ltd Inc						95133.09				7277.68			
25304 Deborah Passage Suite 270					5 1					6 Medicare tax withheld			
Allenmouth TN 98598-8377					98692.13				2862.07				
Allenmouth IN 98598-83//					7 5	7 Social security tips				8 Allocated tips			
						95133.09			98692.13				
d Control nu	ımber				9 /	9 Advance EIC payment			10 Dependent care benefits				
7442995									108				
e Employee's first name and initial Last name					11 1	11 Nonqualified plans			12a See instructions for box 12				
Gregory Fry 776 Rodriguez Fields					236			P 6207					
					13 Statutory Retirement Third-party employee plan sick pay				12b				
						X Saw Pay					958		
West Anthonyfort OK 82575-21						14 Other (see enclosed Notice to Employee)				i			
meso iniciony role on olovo li						1				D :	299		
									12d				
											224		
f Employee's address and ZIP code													
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	:	18 Loca	wages, tips, etc.	19	Local inco	me tax		20 Locality name	
WV	235-83	-585	46581.24	4798.6		80977.26 1		15	5884.33			Heather Islands	
MD	489-29	-943	47415.47	5323.06		9977	4.45	17	7175.	81		Michele Courts	

Wage and Tax

5070 **Statement** Form W-2

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 soci	al security number			This information is being furnis						
STATEMENT	to file a tax return, a negligence penalty or other sanction may be imposed on you if										
b Employer identification number					Wages, tips, other compensation			2 Federal income tax withheld			
77-4932111					93910.96		12688.05				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Wright Ltd Inc					95133.09			7277.68			
25304 Deborah Passage Suite 270 Allenmouth TN 98598-8377					ledicare wages and tips	6	6 Medicare tax withheld				
					98692.13		2862.07				
					ocial security tips	8	8 Allocated tips				
					95133.09			98692.13			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
7442995								108			
e Employee's first name and in	tial Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
Gregory Fry					236		P 6207				
				13 Statu		12	!b				
776 Rodriguez Fields West Anthonyfort OK 82575-21					employee plan sick pay			958			
					other (see enclosed Notice to Employ	ree) 12	12c				
								D 299			
						12	!d				
								224			
f Employee's address and ZIP code											
15 State Employer's state II		16 State wages, tips, etc.	17 State income tax				9 Local income tax		20 Locality name		
WV 235-	33-585	46581.24	4798.6		80977.26 1		15884.33		Heather Islands		
MD 489-	29-943	47415.47	5323.06		99774.45	1717	5.81		Michele Courts		

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

