F	REISSUED	a Employee's socia	•			Saf	e, Accurate,	200	H	Visit the	IRS Website		
S	<b>FATEMENT</b>	63	31-37-7183	OMB N	o. 1545-0	008 <b>FA</b>	ST! Use	<b>G</b>	iile	at www.i	rs.gov/efile.		
<b>b</b> Employer identification number					1 '	1 Wages, tips, other compensation			2 Federal income tax withheld				
88-0833894						210474.02			70068.9				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Best-Ryan and Sons					218531.45				16717.66				
8990 Alexandra Extension					5 Medicare wages and tips				6 Medicare tax withheld				
					211595.86				6136.28				
	Bennettburgh WY 18360-6279					7 Social security tips				8 Allocated tips			
					218531.45				211595.86				
d Contro	ol number				9 Advance EIC payment			10	10 Dependent care benefits				
	9973124								212				
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12					
					252				E 8572				
	Christine Knapp				13 Statutory Retirement Third-party				b				
1204 Brandy Motorway Apt. 729				employee plan sick pay				496					
Meyertown AZ 36445-0712					14 Other (see enclosed Notice to Employee)				С	ĺ			
									686				
								12	12d				
									D	335			
f Employee's address and ZIP code										-1			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wag	es, tips, etc.	19 Local	income ta	х	20 Locality name		
NE	487-45	-000	113849.66	9905.35		196336.63		2872	8726.38		Katie Centers		
OR	709-17	-221	97266.27	9010.49		225282	. 33	3777	8.63		Nancy Stravenue		

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 social security number This information is being furnished to the Internal Revenue Service. If you are								ice. If you are required			
	TATEMENT  631-37-7183  OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you this income is taxable and you fail to report it.							e imposed on you if			
b Employer identification number					Wages, tips, other compensation			Federal income tax withheld			
88-0833894					210474.02			70068.9			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Best-Ryan and Sons					218531.45			16717.66			
8990 Alexandra Extension Bennettburgh WY 18360-6279					5 Medicare wages and tips			Medicare tax withheld			
					211595.86			6136.28			
					7 Social security tips			8 Allocated tips			
						218531.45	211595.86				
d Contro	ol number				9 Advance EIC payment			10 Dependent care benefits			
	9973124				<u> </u>			212			
e Emplo	yee's first name and initial	Last nam	е		11 Nonqualified plans			12a See instructions for box 12			
					252			E 8572			
	Christine Knapp 1204 Brandy Motorway Apt. 729 Meyertown AZ 36445-0712				13 Statutory Retirement Third-party			12b			
					employee plan sick pay			496			
					14 (	Other (see enclosed Notice to Employ	12c				
								686			
								12d			
								_	225		
					ļ			D 335			
f Employee's address and ZIP code						I do I and a service	10.1				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		J		Local income tax		20 Locality name	
NE	487-45	-000	113849.66	9905.35	196336.63 28		28	8726.38		Katie Centers	
OR	709-17	-221	97266.27	9010.49		225282.33		37778.63		Nancy Stravenue	

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

