REISSUED a Employee's social security number									e IRS Website	
STATEMENT	75	50-17-0064	OMB N	o. 1545-(0008 FAST! Us	se	<i>-</i>	at www	v.irs.gov/efile.	
b Employer identification number				1	Wages, tips, other compe	ensation	2 F	ederal income	tax withheld	
99-5378091				68043.6			23	23304.74		
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Fisher, Jones and Butler and Sons				58476.04			44	4473.42		
7776 Stokes Rest Suite 696				5 Medicare wages and tips			6 1			
Craigbury OH 65474-0989				79424.61				2303.31		
Craighury On 65474-0969				7 Social security tips			8 /	8 Allocated tips		
				58476.04				79424.61		
d Control number				9 Advance EIC payment			10 Dependent care benefits			
7376831							243			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
				294				E 1755		
Barry Dickson				13 Statutory Retirement Third-party employee plan sick pay			12b			
33133 Melissa Spring				em	ployee plan	sick pay		E 944		
Barharahiii	~v. ∩R	62308-4981		14	Other (see enclosed Noti	ce to Employee	e) 12c	1		
Barbarabury OR 62308-4981								218		
							12d	_		
								G 887		
f Employee's address and ZIP coo	lo.							G 007		
15 State Employer's state ID no		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips,	etc. 1	9 Local inco	me tax	20 Locality name	
TX 421-85	5-092	36354.02	1963.91		66474.99	1	L3158.	Henson Estate		
TX 915-47	7-077	32034.64	1895.83		66908.8	7	7143.8	8	Richard Row	

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 soci	al security number			This information is being furnis						
STATEMENT	7.	50-17-0064	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 number				Wages, tips, other compensation			2 Federal income tax withheld				
99-5378091					68043.6		23304.74				
c Employer's name, address, and	ZIP code			3 Social security wages			4 Social security tax withheld				
Fisher, Jones and Butler and Sons				58476.04			4473.42				
7776 Stokes Rest Suite 696 Craigbury OH 65474-0989				5 Medicare wages and tips			6 Medicare tax withheld				
					79424.61		2303.31				
				7 Social security tips			8 Allocated tips				
					58476.04		79424.61				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
7376831							243				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Barry Dickson 33133 Melissa Spring Barbarabury OR 62308-4981				294 13 Statutory Retirement Third-party			E 1755				
				employee plan sick pay X Sick pay 14 Other (see enclosed Notice to Employee)			E 944				
											218
							12d				
f Employee's address and ZIP co	de							1			
15 State Employer's state ID r	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loc	al income tax	(20 Locality name		
TX 421-8	5-092	36354.02	1963.91		66474.99	131	58.36		Henson Estates		
TX 915-4	7-077	32034.64	1895.83		66908.8	714	3.88		Richard Row		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

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