	ISSUED a Employee's socia	S 6 – 68 – 658 4	OMB N	o. 1545-0	Safe, Ac	417	s e 1	file		e IRS Website irs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld			
16-0078590					137693.86				25558.63			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Thompson Inc and Sons				165621.86				12670.07				
923 Carrie Inlet				5 Medicare wages and tips 116239.02				6 Medicare tax withheld 3370.93				
												Timothyside LA 87534-1660
					165621.86			116239.02				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
	251437							125				
e Employee's first name and initial Last name Donna Cruz				11 Nonqualified plans			1	12a See instructions for box 12				
				199 13 Statutory Retirement Third-party employee plan sick pay				2b	5586	5		
387 Johnson Ford Apt. 354 Tracymouth OR 53473-4609					X X X 14 Other (see enclosed Notice to Employee)				359	59		
									320			
							1	2d				
								P	496			
	's address and ZIP code											
	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips			al income ta	x	20 Locality name		
KS	329-98-038	64368.3	7498.08		168258.58	<u> </u>	2730	04.5		Ward Village		
VA	501-29-260	72418.78	5582.91		141496.67	,	219	68.11		Newman Lane		

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement

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 s	ocial security number			This information is being furn						
STATEMENT		086-68-6584	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				1 Wages, tips, other compensation			2 Federal income tax withheld				
16-0078590					137693.86			25558.63			
c Employer's name, address, and ZIP code Thompson Inc and Sons 923 Carrie Inlet				3 Social security wages			4 Social security tax withheld				
					165621.86	12670.07 6 Medicare tax withheld					
				5 1	Medicare wages and tips						
				116239.02			3370.93				
Timothyside LA 87534-1660					7 Social security tips			8 Allocated tips			
					165621.86			116239.02			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
6251437								125			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Donna Cruz 387 Johnson Ford Apt. 354				199			5586				
				13 Statu emp	tory Retirement Third-part byee plan sick pay	у	12b				
				X X X			359				
Tracymouth OR 53473-4609					14 Other (see enclosed Notice to Employee)			12c			
								320			
								12d			
							P	496			
f Employee's address and ZIP		Tagain in	Law out		La	1	<u> </u>		Too to the		
	Employer's state ID number 16 State wages, tips, etc.		17 State income tax		3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Local income tax		20 Locality name		
KS 329-	98-038	64368.3	7498.08		168258.58	27	7304.5		Ward Village		
VA 501-	29-260	72418.78	5582.91		141496.67	21	1968.11		Newman Lane		

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

