REISSUED a Employee's social security number			Safe, Accurate,	RSO 1		Visit the IRS Website			
STATEMENT 653-36-5344	OMB N	o. 1545-0008	FAST! Use		ile	at www.irs.gov/efile.			
b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld			
23-8898709			159691.31			49531.51			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Hayes, Carter and Dennis Group			112510.0			8607.01			
6036 Jean Stravenue Suite 746			5 Medicare wages and tips			6 Medicare tax withheld			
Terriburgh WA 20406-5867			114044.61			3307.29			
Terriburgh WA 20406-5867			7 Social security tips			8 Allocated tips			
			2510.0			114044.61			
d Control number			9 Advance EIC payment			10 Dependent care benefits			
5760359				297					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Sarah Russell			252			н 3424			
			13 Statutory Retirement Third-party employee plan sick pay			1			
6621 Dorothy Mall			X Sick pay		H	921			
East Mistyside DE 53968-1842			14 Other (see enclosed Notice to Employee)			<u> </u> 			
						437			
				12d					
					G	924			
f Employee's address and ZIP code									
15 State Employer's state ID number 16 State wages, tips	s, etc. 17 State income tax	18 Lo	ocal wages, tips, etc.	19 Local ii	ncome tax	20 Locality name			
NC 897-58-779 76781.93	4073.9	110	6050.43	16931	L.79	Steele Pass			
ME 932-14-899 73791.69	3920.06	15!	5986.95	30969	9.13	Patricia Stream			

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.

F	REISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	65	3-36-5344	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 Emplo	yer identification number	•			1 V	Vages, tips, other compensation		2 Federal income tax withheld				
23-8898709				159691.31			49531.51					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Hayes, Carter and Dennis Group				112510.0			8607.01					
6036 Jean Stravenue Suite 746				5 Medicare wages and tips			6 Medicare tax withheld					
Terriburgh WA 20406-5867				114044.61			3307.29					
				7 Social security tips			8 Allocated tips					
				112510.0			114044.61					
d Control number			9 Advance EIC payment			10 Dependent care benefits						
5760359						297						
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instruc			structions	or box 12					
Sarah Russell 6621 Dorothy Mall			252			н 3424						
			13 Statu emple			12b	ı					
						H	921					
East Mistyside DE 53968-1842				14 Other (see enclosed Notice to Employee)			12c					
							E	437				
							-	12d				
								G	924			
							F	•	924			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax			18 Local wages, tips, etc. 19			9 Local income tax 20 Locality name						
NC	897-58		76781.93	4073.9		116050.43		931.79		Steele Pass		
140	091-30	, , , ,	70701.93	14073.9		110000.40	-0	931.19		Steere Pass		
ME	932-14	-899	73791.69	3920.06		155986.95	30	969.13		Patricia Stream		

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

