REISSUED	a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT	18	31-81-7273	OMB N	o. 1545-0	008 FAS	T! Use	5		at	i.www.i	rs.gov/efile.
b Employer identification number				1	1 Wages, tips, other compensation			2 Federal income tax withheld			
55-9829465					163002.05			43295.86			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Hill-Long PLC				133092.67			10181.59				
065 Lawrence Flat				5 Medicare wages and tips				6 Medicare tax withheld			
New Philipstad FL 32554-7289				149659.33			4340.12				
				7 Social security tips			8 Allocated tips				
				133092.67				149659.33			
d Control number				9 Advance EIC payment				10 Dependent care benefits			
2445776								245			
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12			
Mrs. Amanda				261				E 5599			
Mrs. Ama	anda			13 State	utory Retirer	nent Third-party sick pay		12b	i		
97570 Coleman Port Mitchellmouth HI 45365-0654				X X X X X X X 14 Other (see enclosed Notice to Employee)					8	04	
							yee)	12c	1		
								I	. 5	808	
			12d								
									4	54	
f Employee's address and ZIP co	do						-		.1 4	.54	
15 State Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wage	s, tips, etc.	19 L	ocal incon	ne tax		20 Locality name
NJ 040-72	2-130	85044.16	7752.36		187557.28 2		23	23007.83			Christopher Tunnel
							†				L
SD 442-78	442-78-566 81162.38 6404.93		203379.53		32	32140.7			Bennett Isle		

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	18	81-81-7273	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			
55-9829465				163002.05			43295.86			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Hill-Long PLC				133092.67			10181.59			
065 Lawrence Flat				5 Medicare wages and tips			6 Medicare tax withheld			
New Philipstad FL 32554-7289				149659.33			4340.12			
				7 Social security tips			8 Allocated tips			
				133092.67			149659.33			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
2445776							245			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Mrs. Amanda				261			E 5599			
				13 Statutory Retirement Third-party			12b			
97570 Coleman Port				empl X	pyee plan sick pay			804		
					Other (see enclosed Notice to Employe	00) 1	12c	001		
Mitchellmouth HI 45365-0654				Office (see discussed Notice to Employee)			120			
							H	508		
							12d	1		
					!			454		
f Employee's address and ZIP code								U		
15 State Employer's state I) number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loc	cal income tax		20 Locality name	
NJ 040-	72-130	85044.16	7752.36		187557.28		23007.83		Christopher Tunnel	
SD 442-	78-566	81162.38	6404.93		203379.53		40.7	Bennett Isle		

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

