REISSUED a Employee's social security number						Safe, Acc	curate,	0 10		Visit the	IRS Websi	te		
S	TATEMENT	58	87-28-3873	OME	3 No. 1545-00	08 FAST! U	se	e~f		at www.i	rs.gov/efile	-		
b Employer identification number					1 V	1 Wages, tips, other compensation			2 Federal income tax withheld					
39-4977349						192915.75			55426.25					
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld					
Gregory-Gamble Inc						184603.51			14122.17					
89520 Richard Valley Robertsmouth PA 77026-7349					5 N					6 Medicare tax withheld				
						144715.14				4196.74				
					7 8	7 Social security tips				8 Allocated tips				
						184603.51			144715.14					
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits					
3137102										259				
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12					
Annette Bell 33236 David Ville Garyfort CT 88523-0415						278			н 3325					
						13 Statutory Retirement Third-party employee plan sick pay								
					empi	pyee plan		700						
					14 (	4 Other (see enclosed Notice to Employee)			12c					
									P	469				
									12d					
									726					
f Emplo	yee's address and ZIP cod	lo.								720				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income to	ax	18 Local wages, tips,	etc. 1	19 Local in	come tax	(	20 Locality	name		
LA	821-05	-942	95440.62	6137.51		249525.98	3	37283	.82		Teresa	Inlet		
MD	263-85	-996	88134.53	5219.91		227307.03		24511	.85		Mariah	Crest		
Wage and Tax					. n	Department of the TreasuryInternal Revenue Service								
Form W-2 Statement LU-				J										

**Statement** Form W-2 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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required									
S	TATEMENT	5	87-28-3873	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>b</b> Emplo	<b>b</b> Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
39-4977349					192915.75			55426.25						
<b>c</b> Emplo	yer's name, address, and	3 Social security wages				4 Social security tax withheld								
Gregory-Gamble Inc 89520 Richard Valley Robertsmouth PA 77026-7349					184603.51				14122.17					
					5 Medicare wages and tips				6 Medicare tax withheld					
					144715.14				4196.74					
					7 Social security tips				8 Allocated tips					
						184603.51				144715.14				
d Control number						9 Advance EIC payment				10 Dependent care benefits				
	3137102				259									
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
	Annette Bell				278				н 3325					
					13 Statutory Retirement Third-party									
33236 David Ville Garyfort CT 88523-0415					employee plan sick pay			700						
					14 Other (see enclosed Notice to Employee)				12c					
									P 469					
								12d						
										726				
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.	10 1	ocal inco	mo tov		20 Locality	, nomo			
			9								1			
LA	821-0	D-942	95440.62	6137.51		249525.98	3/	283.	82		Teresa	Inlet		
MD	263-8	5-996	88134.53	5219.91		227307.03	24	511.	85		Mariah	Crest		

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

