REISSUED	a Employee's socia	al security number			Sa	fe, Accurate,		H	Visit the	IRS Website		
STATEMENT	05	53-13-6495	OMB N	o. 1545-0	008 FA	ST! Use	e 1	116	at www.i	rs.gov/efile.		
b Employer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld				
04-9465002					88945.16				24588.26			
c Employer's name, address, and ZIP code				3	3 Social security wages				4 Social security tax withheld			
Austin-Reed Inc					106691.99				8161.94			
6734 Joseph Vista				5					6 Medicare tax withheld			
Moodytown AK 16131-7365				101652.62				2947.93				
Moody cowii Ar 10131-7303					7 Social security tips				8 Allocated tips			
					106691.99			101652.62				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
9157397								248				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
Teresa Davis				188				P 8975				
				13 Statutory Retirement Third-party employee plan sick pay			12b		1			
449 Williams Lights				emp	X			H	198			
Mosleymouth MT 54590-4316				14 Other (see enclosed Notice to Employee)					1			
								E	175			
						12d	12d					
								D	395			
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 wag	jes, tips, etc.	19 Local i	ncome tax	(20 Locality name		
DE 467-2	1-148	47642.82	2636.36		67471.	54	1595	3.5		Watson Oval		
CA 111-6	4-927	45628.41	2477.92		97301.	93	1734	L.98		Nicole Shores		

Wage and Tax

Form W-2

5070 **Statement**

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.

REISSUE	a Employee's soc	cial security number			This information is being furnis						
STATEME	_	53-13-6495	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 \	Vages, tips, other compensation	10.11 10 1	2 Federal income tax withheld				
04-9465002					88945.16		24588.26				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Austin-Reed Inc				106691.99			8161.94				
6734 Joseph Vista Moodytown AK 16131-7365				5 N	Medicare wages and tips		6 Medicare tax withheld				
					101652.62		2947.93				
				7 5	Social security tips		8 Allocated tips				
					106691.99		101652.62				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
9157397							248				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Teresa Davis				188			P 8975				
				13 Statu			12b	1			
449 Williams Lights				empl	pyee plan sick pay		Н	198			
Mosleymouth MT 54590-4316				14 (Other (see enclosed Notice to Employ	ree)	12c				
								E 175			
							12d				
								1			
						L	D	395			
f Employee's address		AC Chata was a time at	17 State income tax		140 1 1	40.1	ocal income to		20 1		
	's state ID number	16 State wages, tips, etc.			3, , , , , , . ,			ах	20 Locality name		
DE 4	167-21-148	47642.82	2636.36		67471.54	12;	953.5		Watson Oval		
CA 1	11-64-927	45628.41	2477.92		97301.93	173	341.98	}	Nicole Shores		

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

