REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website							
STATEMENT 517-59	-1183	OMB No	. 1545-000	8 FAST! L	se	\mathcal{G}^{\sim} I	ile	at www.ii	rs.gov/efile	е.
b Employer identification number			1 Wages, tips, other compensation			2	Federal income tax withheld			
92-4451443			47280.02				12042.77			
c Employer's name, address, and ZIP code			3 Social security wages			4	4 Social security tax withheld			
Burke-Williams Inc			51978.73				3976.37			
1361 Smith Ranch Apt. 030			5 Medicare wages and tips			6	• modelate tax maniola			
North Kristiehaven MO 14508-6361			54780.26				1588.63			
MOTOR WITSCIENASM MO 14300-0301			7 Social security tips			8	8 Allocated tips			
			51978.73				54780.26			
d Control number			9 Advance EIC payment 10							
9249376			154							
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12			
			205				2049			
Amanda Watson			13 Statuto employ		Third-party sick pay	12b		1		
725 Denise Divide			X Sock pay				671			
West Amanda FL 73711-1496			14 Other (see enclosed Notice to Employee)			ee) 12c	12c			
							P	488		
						12d				
								781		
f Employee's address and ZIP code										
15 State Employer's state ID number 16 State	e wages, tips, etc. 17	7 State income tax		18 Local wages, tips	, etc.	19 Local ii	ncome tax	(20 Localit	y name
NY 257-79-866 2501	LO.14 2	522.9		52538.96		6959	. 74		Gina	Field
PA 657-44-334 2508	30.58	1557.29		44274.83		8445.8		Kevin 1	Estates	

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.

REISSUED a Employee's social security number	er				evenue Service. If you are required			
STATEMENT 517-59-11	OMB No. 1545-00	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			ages, tips, other compensation	2 Feder	Federal income tax withheld			
92-4451443			47280.02	1204	12042.77			
c Employer's name, address, and ZIP code			ocial security wages	4 Social	4 Social security tax withheld			
Burke-Williams Inc			51978.73	3976	3976.37			
1361 Smith Ranch Apt. 030			edicare wages and tips	6 Medic				
<u>-</u>			54780.26		1588.63			
North Kristiehaven MO 14508-6361			ocial security tips	8 Alloca	8 Allocated tips			
			51978.73		54780.26			
d Control number			dvance EIC payment	10 Deper	10 Dependent care benefits			
9249376					154			
e Employee's first name and initial Last name			onqualified plans	12a See ii	12a See instructions for box 12			
			205		2049			
Amanda Watson			ory Retirement Third-pa		12b			
725 Denise Divide	emplo	yee plan sick pay	′	671				
	1 1406	14 0	ther (see enclosed Notice to Em	olovee) 12c	12c			
West Amanda FL 7371	1-1496		(1			
				P	488			
				12d	1			
					781			
f Employee's address and ZIP code					•			
15 State Employer's state ID number 16 State wages	s, tips, etc. 17 State incor	me tax	18 Local wages, tips, etc.	19 Local income to	ax 20 Locality name			
NY 257-79-866 25010.1	L4 2522.9)	52538.96	6959.74	Gina Field			
PA 657-44-334 25080.5	1557.2	19	44274.83	8445.8	Kevin Estates			

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

