R	EISSUED	a Employee's socia	I security number			Safe, Ad	ccurate,	O dil	Visit the	IRS Website		
ST	ATEMENT	62	2-82-1295	OMB N	o. 1545-00	008 FAST!	Jse 📉	e ~file	at www.	irs.gov/efile.		
b Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld			
51-4390883						64813.53			8796.25			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Foster PLC Ltd						59448.0			4547.77			
729 Henson Flat						Medicare wages and ti	ps	6 Me				
Sotoport DE 78369-4762						60167.3			1744.85			
Sotoport DE 78369-4762					7 Social security tips			8 All	8 Allocated tips			
						59448.0			60167.3			
d Control number					9 Advance EIC payment			10 De				
2508425									247			
e Employee's first name and initial Last name					11 Nonqualified plans			12a Se	12a See instructions for box 12			
	-1 1 · · ·					144			н 2587			
Cheryl Manning 8192 Rebecca Camp Boydstad MN 04387-8713					13 Statutory Retirement Third-party employee Plan Sick pay 14 Other (see enclosed Notice to Employee)			12b				
									860			
								ee) 12c	12c			
									228			
								12d	12d			
								G	590			
f Employ	yee's address and ZIP cod	е							· ·			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tip	s, etc.	19 Local incom	e tax	20 Locality name		
WY	698-93	-082	35564.34	2137.25		69993.01		9611.74	1	Christina Fall		
IN	911-85	-040	30095.27	2434.51		83853.85		8929.82	2	Brian Forks		

Wage and Tax

5070 **Statement** Form W-2

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			This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT 622-82-1295 ON				MB 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 V	Vages, tips, other compensation		2 Federa	l income tax	withheld		
51-4390883	64813.53			8796.25						
c Employer's name, address, and ZIP code	3 Social security wages			4 Social security tax withheld						
Foster PLC Ltd	59448.0			4547.77						
729 Henson Flat	5 Medicare wages and tips			6 Medicare tax withheld						
Sotoport DE 78	60167.3			1744.85						
Sotoport DE 78	7 Social security tips			8 Allocated tips						
	59448.0			60167.3						
d Control number	9 Advance EIC payment			10 Dependent care benefits						
2508425							247			
e Employee's first name and initial Last name	e Employee's first name and initial Last name					12a See instructions for box 12				
61 1 1	144			н 2587						
Cheryl Manning	13 Statu			12b	1					
8192 Rebecca Camp	employee plan sick pay 14 Other (see enclosed Notice to Employee)				860					
Boydstad MN				12c	1					
20,40044				228						
						12d	1			
						G	590			
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 Lo	cal income tax	(20 Locality name		
WY 698-93-082	35564.34	2137.25	69993.01 96		961	611.74		Christina Fall		
IN 911-85-040	30095.27	2434.51		83853.85	892	9.82		Brian Forks		

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

