| REIS   | REISSUED a Employee's social security number |            |         | Safe, Accurate,  |                            |             |                                 | Visit the IRS Website          |  |  |
|--|--|------------|---------|--|----------------------------|-------------|---------------------------------|--------------------------------|--|--|
| STATE  | EMENT 89                                     | 99-05-8730 | OMB N   | o. 1545-0  | 008 FAST! Use              |             | **file                          | at www.irs.gov/efile.          |  |  |
| b Employer identification number   |  |            |         | 1 Wages, tips, other compensation  |                            |             | 2 Federal income tax withheld   |                                |  |  |
| 75-0978442   |  |            |         |  | 145797.17                  |             |                                 | 42794.08                       |  |  |
| c Employer's name, address, and ZIP code   |  |            |         |  | 3 Social security wages    |             |                                 | 4 Social security tax withheld |  |  |
| Crawford-Wheeler and Sons  |  |            |         | 174620.67  |                            |             | 13358.48                        |                                |  |  |
| 273 Kristin Port   |  |            |         |  | 5 Medicare wages and tips  |             |                                 | 6 Medicare tax withheld        |  |  |
| Tarachester PA 61418-8509  |  |            |         | 157519.27  |                            |             | 4568.06                         |                                |  |  |
| Talachestel FA 01410-0509  |  |            |         | 7 Social security tips   |                            |             | 8 Allocated tips                |                                |  |  |
|  |  |            |         |  | 174620.67                  |             |                                 | 157519.27                      |  |  |
| d Control number   |  |            |         | 9 /  | 9 Advance EIC payment      |             |                                 | 10 Dependent care benefits     |  |  |
| 7072633  |  |            |         |  | 14                         |             |                                 | 143                            |  |  |
| e Employee's first name and initial Last name                                      |  |            |         | 11 Nonqualified plans  |                            |             | 12a See instructions for box 12 |                                |  |  |
|  |  |            |         | 221  |                            |             | 6970                            |                                |  |  |
| Kristin Holt<br>05788 Jamie Parkways Suite 768<br>Port Daniel TN 38320-0164        |  |            |         | 13 State   |                            | Third-party | 12b                             |                                |  |  |
|  |  |            |         | employee plan sick pay  X Sick pay  14 Other (see enclosed Notice to Employee) |                            |             | P                               | 276                            |  |  |
|  |  |            |         |  |                            |             | 12c                             | i                              |  |  |
|  |  |            |         |  |                            |             | D                               | 373                            |  |  |
|  |  |            |         |  |                            |             | 12d                             | 10.0                           |  |  |
|  |  |            |         |  |                            |             |                                 | 475                            |  |  |
| f Employee's address and ZIP code  |  |            |         |  |                            |             |                                 | 473                            |  |  |
| 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax |  |            |         |  | 18 Local wages, tips, etc. | . 19        | Local income tax                | 20 Locality name               |  |  |
| NM   | 851-33-233                                   | 66258.3    | 4533.24 |  | 144788.59                  | 1.          | 5316.08 Mack Bypass             |                                |  |  |
| VT   | 837-03-604                                   | 72642.96   | 4569.94 |  | 102195.04                  | 2:          | 2388.71                         | Jones Lock                     |  |  |

Wage and Tax

Form W-2 Statement

5070

Cut here. Keep lower portion for your records.

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.

REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if **STATEMENT** 899-05-8730 OMB No. 1545-0008 this income is taxable and you fail to report it. **b** Employer identification number Wages, tips, other compensation Federal income tax withheld 75-0978442 145797.17 42794.08 c Employer's name, address, and ZIP code Social security wages Social security tax withheld Crawford-Wheeler and Sons 13358.48 174620.67 Medicare wages and tips Medicare tax withheld 273 Kristin Port 157519.27 4568.06 Tarachester PA 61418-8509 Social security tips Allocated tips 174620.67 157519.27 Advance EIC payment d Control number 10 Dependent care benefits 7072633 143 e Employee's first name and initial See instructions for box 12 Last name Nonqualified plans 12a 221 6970 Kristin Holt 13 Statutory Third-party 12b 05788 Jamie Parkways Suite 768 Þ 276 X Other (see enclosed Notice to Employee) 12c TN 38320-0164 Port Daniel D 373 12d 475 f Employee's address and ZIP code 17 State income tax 15 State Employer's state ID number 16 State wages, tips, etc. 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 15316.08 4533.24 144788.59 NM 851-33-233 66258.3 Mack Bypass 837-03-604 72642.96 4569.94 102195.04 VT 22388.71 Jones Lock

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

