| REISSUED a Employee's social security number 074-10-6330 | OMB No. 1545-00 | Safe, Accurate, | Visit the IRS Website at www.irs.gov/efile. | | |
|--|-------------------|--------------------------------------|---|--|--|
| b Employer identification number 24-4761082 | | Vages, tips, other compensation | 2 Federal income tax withheld 63069.04 | | |
| c Employer's name, address, and ZIP code | 3 8 | ocial security wages | 4 Social security tax withheld | | |
| Farmer, Burton and Evans Group | | 171080.03 | 13087.62 | | |
| 91029 Randolph Center | 5 N | fledicare wages and tips | 6 Medicare tax withheld | | |
| Lake Hunterberg MO 93714-5127 | | 233401.65 | 6768.65 | | |
| lake nunceiberg Mo 95/14-512/ | 7 S | ocial security tips | 8 Allocated tips | | |
| | | 171080.03 | 233401.65 | | |
| d Control number | 9 A | dvance EIC payment | 10 Dependent care benefits | | |
| 2167809 | | | 174 | | |
| e Employee's first name and initial Last name | 11 N | lonqualified plans | 12a See instructions for box 12 | | |
| Randy Benitez | | 206 | 9237 | | |
| Randy Benricez | 13 Statu emple | | 12b | | |
| 6779 Michelle Locks | | | н 572 | | |
| Port Elizabeth VT 10615-2481 | 14 0 | Other (see enclosed Notice to Employ | ee) 12c | | |
| | | | D 738 | | |
| | | | 12d | | |
| | | | 175 | | |
| f Employee's address and ZIP code | | | | | |
| The state angles, are state and a state angles, are state and a state angles, are state and a state an | State income tax | 18 Local wages, tips, etc. | 19 Local income tax 20 Locality name | | |
| OR 428-60-526 112120.62 74 | 81.9 | 245069.06 | 31295.07 Williams Brook | | |
| PA 361-31-308 131202.79 53 | 04.79 | 195570.82 | 35036.62 Morris Drive | | |

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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 socia | l security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | |
|---|--------------------|----------------------------|--|---|----------------------------|---------------------------------|--------------------------------|--|------------------|--|--|
| STATEMENT | 07 | 4-10-6330 | 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 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | | |
| 24-4761082 | | | | 242997.97 | | | 63069.04 | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Farmer, Burton and Evans Group | | | | 171080.03 | | | 13087.62 | | | | |
| 91029 Randolph Center | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | |
| Lake Hunterberg MO 93714-5127 | | | 233401.65 | | | 6768.65 | | | | | |
| | | | 7 Social security tips | | | 8 Allocated tips | | | | | |
| | | | | 171080.03 | | | 233401.65 | | | | |
| d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | |
| 2167809 | | | | | | | 174 | | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | |
| Randy Benitez | | | 206 13 Statutory Retirement Third-party | | | 9237 | | | | | |
| | | | emple | | | 1 | | | | | |
| 6779 Michelle Locks | | | | | | H | 572 | | | | |
| Port Elizabeth VT 10615-2481 | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | | | |
| | | | | | | D 738 | | | | | |
| | | | | | | 12d | | | | | |
| | | | | | | 175 | | | | | |
| f Employee's address and ZIP co | | 1 | | | | | | | 1 | | |
| 15 State Employer's state ID i | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | | ocal income tax | | 20 Locality name | | |
| OR 428-6 | 0-526 | 112120.62 | 7481.9 | | 245069.06 | | 31295.07 | | Williams Brook | | |
| PA 361-3 | 1-308 | 131202.79 | 5304.79 | | 195570.82 | 350 | 036.62 | | Morris Drive | | |

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

