REISSUED	a Employee's soci	al security number			Safe	, Accurate,	e D	A HI		ne IRS Website	
STATEMENT	7:	L2-59-0520	OMB N	lo. 1545-0	008 <b>FAS</b>	T! Use			at ww	w.irs.gov/efile.	
<b>b</b> Employer identification num	per			1	1 Wages, tips, other compensation			2 Federal income tax withheld			
63-1096953					120409.39			36069.19			
c Employer's name, address, and ZIP code				3	3 Social security wages			4 Social security tax withheld			
Jennings, Pacheco and Bowman and Sons				129935.39				9940.06			
7356 Hancock Mews Suite 182				5	- ···· ··g ··· ··			6 Medicare tax withheld			
Susanburgh VT 14925-0616				91609.29				2656.67			
				7 Social security tips				8 Allocated tips			
					129935.39			91609.29			
d Control number				9	Advance EIC pay	ment		10 De	ependent care		
8805848									153		
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12			
Phillip Reilly				259				P 8532			
				13 State	utory Retirer	nent Third-party sick pay		12b	1		
6284 William Hollow Suite 763				Cimp	X	X		I	751		
New Heather FL 67584-2119				14	14 Other (see enclosed Notice to Employee)			12c			
								c	546	546	
			!				12d				
								I	445		
f Employee's address and ZI	o code						F				
15 State Employer's state	D number	16 State wages, tips, etc.	17 State income tax		18 Local wage	s, tips, etc.	19 Lo	ocal incom	ie tax	20 Locality name	
WY 959-	22-248	62069.94	3247.38		124472.02 2		22:	2195.82		Christopher Parkway	
VT 264-	17-218	63000.74	4022.62		116870.16		19:	187.2	29	Erin Centers	

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.

R	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	ATEMENT	71	L2-59-0520	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>b</b> Employe	b Employer identification number				Wages, tips, other compensation				2 Federal income tax withheld			
63-1096953					120409.39				36069.19			
c Employer's name, address, and ZIP code				3 Social security wages			4	4 Social security tax withheld				
Jennings, Pacheco and Bowman and Sons				129935.39				9940.06				
7356 Hancock Mews Suite 182				5 Medicare wages and tips				6 Medicare tax withheld				
					91609.29				2656.67			
Susanburgh VT 14925-0616				7 Social security tips			8	8 Allocated tips				
					129935.39				91609.29			
d Control number					9 Advance EIC payment			10	10 Dependent care benefits			
8805848										153		
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12				
Phillip Reilly				259 13 Statutory Retirement Third-party			12	P 8532				
6284 William Hollow Suite 763						oyee plan	sick pay	"-	P	751		
Non- Hookhom DI C7E04 0110					14	Other (see enclosed Notice	ce to Employ	ee) 12	C	I		
1	New Heather FL 67584-2119								~	F 4 C		
							40	G 546				
								12	a	ĺ		
									P 445			
f Employee's address and ZIP code												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		10 = 110 mages, nps, 110   11			income tax	(	20 Locality name	
WY	959-22	2-248	62069.94	3247.38		124472.02 2		2219	22195.82		Christopher Parkway	
VT	264-17	7-218	63000.74	4022.62		116870.16		1918	7.29	Erin Centers		

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

