REISSUED a Employee's social security number		Safe, Accurate,	so stile	Visit the IRS Website		
STATEMENT 432-64-5980	OMB No. 1545-00	008 FAST! Use	*E-file	at www.irs.gov/efile.		
<b>b</b> Employer identification number	1 V	Vages, tips, other compensation	2 Federa	<ol><li>Federal income tax withheld</li></ol>		
59-9131589		124462.51	1726	17264.01		
c Employer's name, address, and ZIP code	3 8	Social security wages	4 Social s	4 Social security tax withheld		
Anderson-Anderson Inc		120173.72	9193	9193.29		
27589 Zuniga Walks Suite 719	5 N	Medicare wages and tips	6 Medica			
Alexandriaborough HI 56921-3716		131703.56		3819.4		
Alexandriaborough Hi 50921-5710	7 8	Social security tips	8 Allocate	8 Allocated tips		
		120173.72		131703.56		
d Control number	9 A	dvance EIC payment	10 Depend	10 Dependent care benefits		
6437091				208		
e Employee's first name and initial Last name		lonqualified plans	12a See ins	12a See instructions for box 12		
		268		9250		
Sarah Bell	13 Statu		12b	1		
1669 Burgess Groves Apt. 368	emple	pyee plan sick pay		140		
Keithville ND 20447-3035	14 (	Other (see enclosed Notice to Employ	yee) 12c			
Reference ND 20447 3033				232		
			12d			
			н	437		
f Employee's address and ZIP code						
15 State     Employer's state ID number     16 State wages, tips, etc.     17 State in the state wages, tips, etc.	income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
SC 329-16-291 62646.41 4379	.82	161412.88	23574.42	Rebecca Route		
VT 210-36-749 65279.37 4387	.3	152325.58	17510.3	Dodson Plains		

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.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
ST	ATEMENT	4:	32-64-5980	OMB N	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>b</b> Employ	er identification number	1.			1 Wages, tips, other compensation				Federal income tax withheld		
59-9131589			124462.51			17264.01					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Anderson-Anderson Inc				120173.72			9193.29				
27589 Zuniga Walks Suite 719 Alexandriaborough HI 56921-3716			5 Medicare wages and tips			6 Medicare tax withheld					
			131703.56			3819.4					
			7 Social security tips			8 Allocated tips					
				120173.72			131703.56				
<b>d</b> Contro	d Control number			9 Advance EIC payment				10 Dependent care benefits			
6437091						208					
e Employ	e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12			
Sarah Bell			268			9250					
			13 Statutory Retirement Third-party			12b					
1669 Burgess Groves Apt. 368			emp	loyee plan	sick pay			140			
_			14	 Other (see enclosed Not	ico to Employ	(00)	12c	110			
Keithville ND 20447-3035			'-	Other (see enclosed No	ice to Litipios	yee)	120	1			
							232				
									12d	i	
									н	437	
	ee's address and ZIP co	de								•	
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		10 = 110 magaz, np 1, 111		19 I	9 Local income tax		20 Locality name
SC	329-16	5-291	62646.41	4379.82		161412.88 2		23	23574.42		Rebecca Route
VT	210-36	5-749	65279.37	4387.3		152325.58		17	510.3		Dodson Plains

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

