REISSUED	a Employee's socia	l security number				Safe, Accura	ate,	GH		Visit the	IRS Websit	te	
STATEMENT	58	31-21-9450	OMB N	o. 1545-00	800	FAST! Use		√fi	e_	at www.ir	s.gov/efile.		
<b>b</b> Employer identification number				1 V	1 Wages, tips, other compensation				Federal income tax withheld				
91-0267121						108586.27				30794.7			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Reynolds Ltd Inc					134074.41				10256.69				
852 Jones Greens					5 Medicare wages and tips				6 Medicare tax withheld				
Port Hannah ND 10995-3895					136032.99				3944.96				
					7 Social security tips				8 Allocated tips				
					134074.41				136032.99				
d Control number					dvance E	IC payment		10	Depend	ent care be	enefits		
5421319										288			
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
				150				н 6489					
Robert Burton					13 Statutory Retirement Third-party employee plan sick pay								
094 Ramos Heights Suite 240					X Sick pay				G 261				
Jensenburgh NE 37653-7614					14 Other (see enclosed Notice to Employee)								
									G 195				
								12d					
									н	102			
f Employee's address and ZIP coo													
15 State Employer's state ID no		16 State wages, tips, etc.	17 State income tax			ll wages, tips, etc	-	Local inco			20 Locality	name	
WV 167-48	3-749	54168.08	5719.34		1334	198.96	13	3566.	58		Figuero	a Wall	
MO 341-08	3-576	51548.83	5977.18		8056	8.08	11	L094.	17		Fry S	hoal	

Wage and Tax

Form W-2

5070 **Statement** 

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						
	ATEMENT	58	81-21-9450	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 \	Vages, tips, other compensation		2 Federal income tax withheld				
91-0267121						108586.27	30794.7				
c Employer's name, address, and ZIP code					3 8	Social security wages	4 Social security tax withheld				
Reynolds Ltd Inc						134074.41	10256.69				
852 Jones Greens Port Hannah ND 10995-3895				5 N	Medicare wages and tips	6 Medicare tax withheld					
					136032.99	3944.96					
Port Hannan ND 10995-3895					7 8	Social security tips	8 Allocated tips				
						134074.41	136032.99				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
5421319						288					
e Employee's first name and initial Last name				11 N	12a See instructions for box 12						
Robert Burton					н 6489						
				13 Statutory Retirement Third-party							
094 Ramos Heights Suite 240					empl X	pyee plan sick pay			G 2	261	
Jensenburgh NE 37653-7614					14 (	12c	<u> </u>				
Jensenburgh NE 37033-7614								G 1	Q.E.		
							G 195				
								120	1		
							н 102				
	ee's address and ZIP cod										
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		9 Local income tax			20 Locality name
WV	167-48	-749	54168.08	5719.34		133498.96 1		L3566.58			Figueroa Wall
MO	341-08	-576	51548.83	5977.18		80568.08	11	094.	17		Fry Shoal

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

