| REISSUED a Employee's social security numb | | Safe, Accurate, Visit the IRS Website | | | | /ebsite | | | |
|---|-----------|---------------------------------------|--|----|------------------|---------------------------------|--------------|--|--|
| STATEMENT 226-30-51 | .43 | OMB No. 1545-000 | 8 FAST! Use | | ≁file > | at www.irs.gov | /efile. | | |
| b Employer identification number | | 1 W | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 39-4514497 | | | 72583.77 | | | 23512.51 | | | |
| c Employer's name, address, and ZIP code | | 3 Sc | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Henry Inc PLC | | | 67472.23 | | | 5161.63 | | | |
| 3824 Robert Haven Apt. 655 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | |
| | | | 90298.34 | | | 2618.65 | | | |
| New Michelleborough NY 29445-6162 | | | 7 Social security tips | | | 8 Allocated tips | | | |
| | | | 67472.23 | | | 90298.34 | | | |
| d Control number | | 9 Ac | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 9189405 | | | | | | 240 | | | |
| e Employee's first name and initial Last name | | 11 No | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| Edward Armstrong | | | 202 | | | D 9565 | | | |
| | | | 13 Statutory Retirement Third-party | | | | | | |
| 7135 Michael Cliff | | | employee plan sick pay | | | E 409 | | | |
| Dooloonburne 173 01250 2205 | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | |
| Bookerbury WA 01352-3385 | | | | | | 205 | | | |
| | | | | | | 385 | | | |
| | | | | | 120 | İ | | | |
| | | | | | P | 180 | | | |
| f Employee's address and ZIP code | | | | | | | | | |
| 15 State Employer's state ID number 16 State wage | • • • | | 18 Local wages, tips, etc. | _ | Local income tax | 20 Lo | ocality name | | |
| CT 449-95-661 34953. | 22 4320.4 | 13 | 86186.03 | 90 | 48.92 | Bas | ss Park | | |
| AL 840-96-267 36135. | 15 4016.3 | 38 | 75103.84 | | 3474.36 | | oyo Lodge | | |

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 soc | cial security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | |
|---|------------------|----------------------------|---------------------------------|---|---------------------------------|--------------------------------|-----------------|---|-------------|--------|
| STATEMENT | 2 | 26-30-5143 | 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 | | | Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 39-4514497 | | | 72583.77 | | | 23512.51 | | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Henry Inc PLC | | | 67472.23 | | | 5161.63 | | | | |
| 3824 Robert Haven Apt. 655 New Michelleborough NY 29445-6162 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | |
| | | | 90298.34 | | | 2618.65 | | | | |
| | | | 7 Social security tips | | | 8 Allocated tips | | | | |
| | | | 67472.23 | | | 90298.34 | | | | |
| d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 9189405 | | | | | | 240 | | | | |
| e Employee's first name and initial Last name | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | |
| Edward Armstrong | | | 202 | | | D 9565 | | | | |
| | | | 13 Statu | tory Retirement Third-party | | 12b | | | | |
| 7135 Michael Cliff | | | empl | oyee plan sick pay | | E | 409 | | | |
| 7133 MICHAEL CITT | | | | No. / Section 1 No. Control | | | 403 | | | |
| Bookerbury WA 01352-3385 | | | 14 (| Other (see enclosed Notice to Employ | ee) | 12c | I | | | |
| | | | | | | 385 | | | | |
| | | | | | | | 12d | i | | |
| | | | ! | | | P | 180 | | | |
| f Employee's address and ZI | code | | | | | - | | | | |
| 15 State Employer's state | | 16 State wages, tips, etc. | 17 State income tax | L | 18 Local wages, tips, etc. | 19 Lc | ocal income tax | 1 | 20 Locality | / name |
| CT 449- | 95-661 | 34953.22 | 4320.43 | | 86186.03 | 904 | 18.92 | | Bass | Park |
| AL 840- | 96-267 | 36135.15 | 4016.38 | | 75103.84 | 847 | 74.36 | | Arroyo | Lodge |

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

