REISSUED a Employee's social security number					Safe, Accurate, Visit the IRS Web									
S	<b>FATEMENT</b>	88	1-16-4405	OMB	No. 1545-00	008 <b>FA</b>	ST! Use	£ //	IIIE	at www.i	irs.gov/efile.			
<b>b</b> Employer identification number						1 Wages, tips, other compensation				al income ta	x withheld			
	91-1267351		130823.44				24439.64							
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Watkins Inc Inc						126078.18				9644.98				
273 Joseph Mission						5 Medicare wages and tips				6 Medicare tax withheld				
Port Alexandraborough RI 06782-7289						141622.7				4107.06				
						7 Social security tips				8 Allocated tips				
						126078.18				141622.7				
d Control number						9 Advance EIC payment				10 Dependent care benefits				
	4710909						151							
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
						292				2890				
Amanda Hill 53825 Arias Junctions Suite 354 North Geraldstad CO 09317-7895						13 Statutory Retirement Third-party employee plan sick pay				1				
						mployee plan sick pay  X Sick pay  14 Other (see enclosed Notice to Employee)				513				
										ı				
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										12d				
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f Emplo	vee's address and ZIP code	e .						-		302				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<	18 Local wag	es, tips, etc.	19 Loca	l income ta	х	20 Locality name			
MA	982-43	-644	68771.84	8115.88		140896.66 1		1993	19938.83		Martin Rapid			
ND	060-43	-757	68141.72	6432.04		131772	. 62	2344	6.07		Vanessa Roads			

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.

R	REISSUED	a Employee's socia	al security number				rmation is being furn								
ST	<b>STATEMENT</b> 881-16-4405 OMB N						ax return, a negligen me is taxable and yo			ier sand	ction may b	e imposea or	n you if		
<b>b</b> Emplo	<b>b</b> Employer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld					
91-1267351						130823.44				24439.64					
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld					
Watkins Inc Inc						126078.18				9644.98					
273 Joseph Mission						5 Medicare wages and tips				6 Medicare tax withheld					
Port Alexandraborough RI 06782-7289						141622.7				4107.06					
						7 Social security tips				8 Allocated tips					
						126078.18				141622.7					
d Control number						9 Advance EIC payment				10 Dependent care benefits					
	4710909										151				
e Emplo	e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
_ ,,					292				2890						
Amanda Hill 53825 Arias Junctions Suite 354 North Geraldstad CO 09317-7895						13 Statutory Retirement Third-party employee plan sick pay  14 Other (see enclosed Notice to Employee)				12b					
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15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wag			Local inco			20 Locality	/ name		
MA	982-43	3-644	68771.84	8115.88		140896	5.66	19	938	83		Martin	Rapid		
ND	060-43	3-757	68141.72	6432.04		131772	2.62	23	446	07		Vanessa	Roads		

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

