F	REISSUED	a Employee's socia	•				Safe, Acc	curate,		H	Visit the	IRS Web	site	
S	FATEMENT	01	.0-52-3805	OMB N	o. 1545-	8000	FAST! U	se	G ~	ile	at www.i	rs.gov/efil	le.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
55-8180697						198566.87				46408.8				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Armstrong-Ford Group					231363.7					17699.32				
64740 Michelle Avenue Suite 525 Santiagomouth NY 58700-3807					5 Medicare wages and tips				6					
					184522.77					5351.16				
					7 Social security tips				8	8 Allocated tips				
					231363.7					184522.77				
d Contro					9 Advance EIC payment				10	10 Dependent care benefits				
1211983										227				
e Employee's first name and initial Last name					11 Nonqualified plans			128	12a See instructions for box 12					
Marie Harrell 688 Swanson Burg					128				P 3227					
					13 Statutory Retirement Third-party employee plan sick pay				121)	1			
										G 840				
East Evan MT 63742-2928						14 Other (see enclosed Notice to Employee)				;	í			
										E	E 827			
										12d				
										D	767			
	yee's address and ZIP cod													
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			al wages, tips		19 Local		x	20 Locali	ity name	
sc	870-95	-432	96271.63	7328.81		171	712.02		2513	9.56		Acevedo	Passage	
TX	719-17	-654	107095.97	6895.27		153	935.45		2770	6.59		Wall	Circle	

Wage and Tax

Form W-2 Statement

5010

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	0	10-52-3805	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			
55-8180697						46408.8							
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Armstrong-Ford Group 64740 Michelle Avenue Suite 525						231363.7 5 Medicare wages and tips				17699.32 6 Medicare tax withheld			
	Santiagomouth NY 58700-3807					7 Social security tips				8 Allocated tips			
						231363.7				184522.77			
d Contro	d Control number					9 Advance EIC payment				10 Dependent care benefits			
	1211983									227			
e Emplo	yee's first name and initial	Last nam	е		11 Nonqualified plans				12a See instructions for box 12				
						128				P 3227			
Marie Harrell 688 Swanson Burg East Evan MT 63742-2928					13 Statutory Retirement Third-party								
					employee plan sick pay				G	840			
					14	120							
					14 Other (see enclosed Notice to Employee)				1				
										E 827			
								12d	ı				
									D	767			
f Emplo	yee's address and ZIP coo	de											
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local inco	me tax		20 Locality name		
sc	870-95	5-432	96271.63	7328.81		171712.02	25	139.	56		Acevedo Passage		
ТX	719-17	7-654	107095.97	6895.27		153935.45	27	706.	59		Wall Circle		

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

