REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website					
STATEMEN	T 48	30-43-1776	OMB N	o. 1545-0	0008 <b>FA</b>	ST! Use	<i>G</i> 1	ile)	at www.ir	s.gov/efile	э.		
b Employer identification number				1	1 Wages, tips, other compensation				I income tax	withheld			
58-0006336					57466.25				8306.48				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Simpson-Collins LLC					53576.77				4098.62				
4996 Debra Burg Apt. 921				5 Medicare wages and tips				6 Medicare tax withheld					
Maryport WA 85455-7410				66912.82				1940.47					
Maryport wa 00400-7410				7 Social security tips			8	8 Allocated tips					
					53576.				6691				
d Control number				9	Advance EIC pa	ayment	10	Depen	dent care be	enefits			
9780815									219				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
Alexandra Jordan				126				E 7672					
				13 Statutory Retirement Third-party employee plan sick pay					ı				
527 Kevin Ridge								P	485				
Lake Danielborough AK 98539-6596					Other (see enclo	osed Notice to Emplo	oyee) 12c		1				
									G 626				
									12d				
					D	330							
f Employee's address a	nd ZIP code								L.				
15 State Employer's	state ID number	16 State wages, tips, etc.	17 State income tax	•	18 Local wag	ges, tips, etc.	19 Local i	ncome tax	(	20 Localit	y name		
PA 96	52-61-261	29922.43	2641.29		63874.	. 07	10172	2.07		Rowe (	Center		
RI 15	8-71-251	31599.19	2587.82		65474.	.06	1141	L.89		Clay M	ountain		

Wage and Tax Statement 5010

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.

F	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required									
S	TATEMENT	48	30-43-1776	OMB	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 \	,				2 Federal income tax withheld					
58-0006336						57466.25				8306.48				
c Employer's name, address, and ZIP code					3 5	3 Social security wages				4 Social security tax withheld				
Simpson-Collins LLC						53576.77				4098.62				
4996 Debra Burg Apt. 921					5 1	5 Medicare wages and tips				6 Medicare tax withheld				
						66912.82				1940.47				
Maryport WA 85455-7410					7 5	7 Social security tips				8 Allocated tips				
						53576.77				66912.82				
d Control number					9 /	9 Advance EIC payment				10 Dependent care benefits				
9780815										219				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
Alexandra Jordan						126				E 7672				
						13 Statutory Retirement Third-party				12b				
527 Kevin Ridge					emp	employee plan sick pay P 485				485				
_					14 (	thar (aga angla	sed Notice to Employ	(00)	12c	103				
Lake Danielborough AK 98539-6596					14	other (see enclos	sed Notice to Employ	/ee)	120	1				
										G 626				
									12d	i				
						!				330				
f Emplo	yee's address and ZIP cod	de								1				
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income ta	х	18 Local wage	es, tips, etc.	19 Loc	cal income tax		20 Local	ity name		
PA	962-61	-261	29922.43	2641.29		63874.07 1		101	72.07		Rowe	Center		
RI	158-71	L-251	31599.19	2587.82		65474.06 11		114	11.89		Clay M	Mountain		

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

