R	REISSUED	a Employee's socia	l security number			Safe	, Accurate,		H	Visit the	IRS Website	
ST	FATEMENT	27	1-55-6036	OMB N	o. 1545-0	0008 FAS	Γ! Use	6	ile)	at www.i	rs.gov/efile.	
b Employ	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
	81-3791180				78966.9				9636.87			
c Employer's name, address, and ZIP code					3 Social security wages			4	4 Social security tax withheld			
Scott Inc Ltd					96639.48				7392.92			
28869 Courtney Isle					5 Medicare wages and tips				6 Medicare tax withheld			
					70780.75				2052.64			
	Lake Richardview MS 99836-0826					7 Social security tips			8 Allocated tips			
					96639.48				70780.75			
d Control number					9	Advance EIC payr	nent	10	Depen	dent care be	enefits	
1009480									167			
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12			
						239			E 3570			
	Jessica Williams				13 Statutory Retirement Third-party employee plan sick pay				b	1		
12509 Michael Passage				Sick pay					538			
	Port Faith ID 53229-8340					14 Other (see enclosed Notice to Employee)				1		
										769		
									P 769			
										705		
									785			
15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages	s, tips, etc.	19 Local	income ta	(20 Locality name	
WY	897-79	-860	38206.59	5062.07		63683.1	· ·	1379	5.64		Jonathan View	
											1	
TN	957-33	-000	36884.95	3511.17		57519.2	2	1275	3.33		Jackson Alley	

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 social security number This information is being furnished to the Internal Revenue Service. If you are rec							rice. If you are required			
I -	TATEMENT	to file a tax return, a negligence penalty or other sanction may be imposed on you if							e imposed on you if		
b Employer identification number					Wages, tips, other compensation			2 Federal income tax withheld			
81-3791180					78966.9			9636.87			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld		
Scott Inc Ltd					96639.48			7392.92			
28869 Courtney Isle					5 Medicare wages and tips			6 Medicare tax withheld			
Lake Richardview MS 99836-0826						70780.75	2052.64				
					7 Social security tips			8 Allocated tips			
					96639.48			70780.75			
d Contro	ol number				9 Advance EIC payment			10 Dependent care benefits			
	1009480								167		
e Emplo	yee's first name and initial	Last name)		11 Nonqualified plans			12a See instructions for box 12			
	Jessica Williams 12509 Michael Passage				239			E 3570			
					13 Statutory Retirement Third-party employee plan sick pay			12b			
								538			
	Port Faith ID 53229-8340					14 Other (see enclosed Notice to Employee)			12c		
]	P 769		
								12d			
								785			
f Employee's address and ZIP code										1	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local incon		20 Locality name	
WY	897-79	-860	38206.59	5062.07		63683.19	13	3795.	64	Jonathan View	
TN	957-33	-000	36884.95	3511.17		57519.2	12	2753.	33	Jackson Alley	

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

