RI	EISSUED	a Employee's socia	l security number			Safe,	Accurate,	Re	AH O	Visit the	IRS Website		
ST	ATEMENT	29	92-59-6232	OME	B No. 1545-00	008 FAS 1	! Use		file	at www.i	rs.gov/efile.		
b Employer identification number					1 V	1 Wages, tips, other compensation			Federal income tax withheld				
55-4641228						53287.38			15431.14				
c Employer's name, address, and ZIP code					3 8	3 Social security wages			4 Social security tax withheld				
Carlson, Anderson and Carson and Sons						45813.78			3504.75				
760 Peterson Lodge					5 N	gg			6 Medicare tax withheld				
East Jacob ND 21172-3311						48323.66				1401.39			
E	ast Jacob	ND ZI	1/2-3311		7 8					8 Allocated tips			
						45813.7	8			4832	3.66		
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
9	201867									255			
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12				
						224			н 5609				
Nancy Henderson					13 Statutory Retirement Third-party employee plan sick pay			12b	1				
254 Kathleen Center Apt. 567					X					247			
Lake Tannerside VT 80638-9481						14 Other (see enclosed Notice to Employee)			12c	1			
_		- DIGC		, 101					E	335			
								-	12d				
										374			
f Employe	ee's address and ZIP code	A						-		10			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income to	ax	18 Local wages	, tips, etc.	19 Loc	cal income ta	х	20 Locality nam	ne	
KY	555-08	-974	26587.4	1266.13		42342.8	6	652	6.45		Kim We	11	
OR	815-39	-494	28685.69	2029.45		46015.1	4	970	3.23		Sanchez L	100p	

Wage and Tax
Form W-2 Statement

5070

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.

OR 815-39-494 28685.69 202	29.45	46015.14	9703.23		Sanchez Loc		
					+		
KY 555-08-974 26587.4 126	66.13	42342.86	6526.45		Kim Well		
	tate income tax	18 Local wages, tips, etc.	19 Local income t	ax	20 Locality name		
Employee's address and ZIP code				374			
				274			
			12d	333			
Lake Tannerside VT 80638-948	-		E	335			
	1 14	Other (see enclosed Notice to Emplo	yee) 12c				
254 Kathleen Center Apt. 567	X		P	247			
Nancy Henderson	13 Sta		12b	1			
N		224	н	н 5609			
Employee's first name and initial Last name	11	Nonqualified plans	12a See i	12a See instructions for box 12			
9201867				255			
1 Control number	9	Advance EIC payment	10 Depe	10 Dependent care benefits			
		45813.78		4832	3.66		
East Jacob ND 21172-3311	7	Social security tips	8 Alloca	1401.39			
760 Peterson Lodge		48323.66					
Carlson, Anderson and Carson and Sons	5	45813.78 Medicare wages and tips		4 Social security tax withheld 3504.75 6 Medicare tax withheld			
c Employer's name, address, and ZIP code	3	Social security wages					
55-4641228		53287.38		15431.14			
Employer identification number	1	Wages, tips, other compensation		2 Federal income tax withheld			
STATEMENT 292-59-6232	OMB No. 1545-	this income is taxable and you	a fail to report it.		. ,		
REISSUED a Employee's social security number		to file a tax return, a negligeno	e nenalty or other ea	nction may h	imposed on you if		

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

