REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website
STATEMENT 738-65-6081 OMB N	lo. 1545-0008 FAST! Use at www.irs.gov/efile.
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld
87-1067619	68508.42 8245.2
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld
Frederick-Collier Inc	67785.11 5185.56
361 Smith Mall	5 Medicare wages and tips 6 Medicare tax withheld
Wast Amendements NR 70502 5500	73768.86 2139.3
West Amandamouth NE 78503-5560	7 Social security tips 8 Allocated tips
	67785.11 73768.86
d Control number	9 Advance EIC payment 10 Dependent care benefits
3289848	260
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12
	208 P 1152
Debbie Warren	13 Statutory Retirement Third-party 12b
39504 Cervantes Streets Apt. 376	employee plan sick pay 317
Port Jacob MT 45618-1558	14 Other (see enclosed Notice to Employee) 12c
	D 594
	12d
	499
f Employee's address and ZIP code	433
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax	18 Local wages, tips, etc. 19 Local income tax 20 Locality name
OH 065-74-842 33067.74 2690.98	56064.81 7725.48 Katherine Skyway
MD 978-42-172 31831.38 3001.66	75963.69 7305.18 Karen Crossroad

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.

F	REISSUED	a Employee's soci	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	TATEMENT	7:	38-65-6081	OMB N	this income is taxable and you fail to report it.							
b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld				
87-1067619					68508.42			8245.2				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Frederick-Collier Inc				67785.11			5185.56					
361 Smith Mall					5 Medicare wages and tips 73768.86			6 Medicare tax withheld 2139.3				
					67785.11			73768.86				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
3289848								260				
e Employee's first name and initial Last name				11 Nonqualified plans 12a			12a	2a See instructions for box 12				
Debbie Warren 39504 Cervantes Streets Apt. 376 Port Jacob MT 45618-1558				208 13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)			42h	P 1152				
							120					
									317			
							12c					
								D	594			
								12d				
									499			
	oyee's address and ZIP co		Total State of the	T.= 2		T					1	
15 State			16 State wages, tips, etc.	17 State income tax	1. = 1. =							
OH	065-74	1-842	33067.74	2690.98		56064.81 7		725.48			Katherine Skyway	
MD	978-42	2-172	31831.38	3001.66		75963.69	73	05.1	L8		Karen Crossroad	

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

