| REISSUED a Employee's social security number | | | | | | Safe | e, Accurate, | e a | a CH | | Visit the | IRS Website | | |
|---|---------------------------|------|----------------------------|--------------------|---------------|--|----------------------|--------------------|----------------------------|---------------------------------|-----------|------------------|--|--|
| S | TATEMENT | 66 | 52-27-7851 | OME | 3 No. 1545-00 | 08 FAS | T! Use | U | | 6 | at www.i | rs.gov/efile. | | |
| b Employer identification number | | | | | | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | | |
| 60-0324463 | | | | | | 224664.53 | | | 51127.21 | | | | | |
| c Employer's name, address, and ZIP code | | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | | |
| Dougherty-Terry PLC | | | | | | 270026.71 | | | | 20657.04 | | | | |
| 72874 Duran Flats Apt. 270 | | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | |
| - | | | | | | 165516.94 | | | | 4799.99 | | | | |
| Lake Stephen NY 60228-7127 | | | | | 7 8 | 3.1. | | | | 8 Allocated tips | | | | |
| | | | | | | 270026.71 | | | 165516.94 | | | | | |
| d Control number | | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | |
| 8686329 | | | | | | | | | | 217 | | | | |
| e Employee's first name and initial Last name | | | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | |
| _ | | | | | | 276 | | | | 5044 | | | | |
| | Karen Mar | tin | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | | | | | |
| 5391 Anthony Summit Apt. 715 | | | | | | yee plan | sick pay | | | | 120 | | | |
| Goodwinville TX 03514-1312 | | | | | | ther (see enclos | sed Notice to Employ | yee) | 12c | | ı | | | |
| 0004,11,1220 111 00011 1011 | | | | | | | | | | D | 783 | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | P | 901 | | | |
| | yee's address and ZIP cod | e | | | | | | - | | | 1 | | | |
| 15 State | Employer's state ID nu | mber | 16 State wages, tips, etc. | 17 State income to | ax | 18 Local wage | es, tips, etc. | 19 L | ocal inco | ome tax | | 20 Locality name | | |
| NJ | 561-11 | -537 | 116919.03 | 6675.21 | | 188493.53 | | 369 | 36957.77 | | | Amy Point | | |
| ME | 397-71 | -168 | 121197.14 | 7613.75 | | 205643.53 | | | 8845.21 | | | Castillo Locks | | |
| Wage and Tax Statement Department of the TreasuryInternal Revenue Statement | | | | | | | | al Revenue Service | | | | | | |

Statement Form W-2 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.

| RE | REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are required. | | | | | | | | | | | |
|--|--|------|----------------------------|--|---|---|---------------------------------|--------------------------------|-----------------|-------------|------------------|--|
| | ATEMENT | 66 | 52-27-7851 | 851 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 V | /ages, tips, other compensation | | | ederal income t | ax withheld | | |
| 60-0324463 | | | | | | 224664.53 | 51127.21 | | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Dougherty-Terry PLC | | | | | | 270026.71 | 20657.04 | | | | | |
| 72874 Duran Flats Apt. 270 Lake Stephen NY 60228-7127 | | | | | 5 N | ledicare wages and tips | 6 Medicare tax withheld | | | | | |
| | | | | | | 165516.94 | 4799.99 | | | | | |
| | | | | | 7 S | ocial security tips | 8 Allocated tips | | | | | |
| | | | | | | 270026.71 | 165516.94 | | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 8686329 | | | | | | | | 217 | | | | |
| e Employee's first name and initial Last name | | | | | 11 N | onqualified plans | 12a See instructions for box 12 | | | | | |
| K | Karen Martin | | | | | 276 ory Retirement Third-party | 5044 | | | | | |
| 5391 Anthony Summit Apt. 715 Goodwinville TX 03514-1312 | | | | | x plan sick pay 14 Other (see enclosed Notice to Employee) | | | 120 | | | | |
| | | | | | | | | 12c | | | | |
| | | | | | | | | D 783 | | | | |
| | | | | | | | | 12d | | | | |
| | | | | | | | | P 901 | | | | |
| f Employee's address and ZIP code | | | | | | | | | | | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | 3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Local incor | | 20 Loc | 20 Locality name | |
| NJ | 561-11 | -537 | 116919.03 | 6675.21 | | 188493.53 | 36 | 957. | 77 | Amy | Point | |
| ME | 397-71 | -168 | 121197.14 | 7613.75 | | 205643.53 | 38 | 845. | 21 | Casti | llo Locks | |

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

