REISSUED	JED a Employee's social security number				Safe, A		Visit the IRS Website				
STATEMENT	54	10-88-7917	OMB I	No. 1545-0	008 FAST!	Use	e~file	at www.i	rs.gov/efile.		
b Employer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld			
95-0285176					182299.74			43354.25			
c Employer's name, address, an	d ZIP code			3	3 Social security wages			4 Social security tax withheld			
Wilson, Bradley and Liu PLC					156906.75			12003.37			
5188 Jesus Streets Apt. 324				5				6 Medicare tax withheld			
West Xavierstad WA 76412-8693				223215.8	8		6473.26				
			7	7 Social security tips			8 Allocated tips				
					156906.75			223215.88			
d Control number				9	9 Advance EIC payment			10 Dependent care benefits			
4365872								208			
e Employee's first name and initial Last name			11	11 Nonqualified plans			12a See instructions for box 12				
				141			E 1399				
Mary Perry					13 Statutory Retirement Third-party employee plan sick pay			1			
5957 Gray Heights				emp	X Star Bay			219			
West Timothybury NV 14484-465				14	Other (see enclosed N	Notice to Employe	ee) 12c	ı			
West ilmodificaty hv 14404 405								683			
				12d							
								586			
f Employee's address and ZIP c	ode							300			
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax	(18 Local wages, tip	os, etc.	19 Local income	e tax	20 Locality	name	
MO 355-8	5-715	86814.47	10961.7		191545.5	3	20771.0	6	Silva	Fort	
MA 017-2	7-044	92793.73	8523.12		143165.6	5	32086.1	2	Baker	Rue	

Wage and Tax

This information is being furnished to the Internal Revenue Service.

5070 **Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--Internal Revenue Service

Cut here. Keep lower portion for your records.

REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	54	10-88-7917	OMB N	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	r		I	Wages, tips, other compensation			2 Federal income tax withheld			
95-0285176				182299.74			43354.25			
c Employer's name, address, ar	d ZIP code			3 Social security wages			4 Social security tax withheld			
Wilson, Bradley and Liu PLC				156906.75			12003.37			
5188 Jesus Streets Apt. 324				5 Medicare wages and tips			6 Medicare tax withheld			
West Xavierstad WA 76412-8693				223215.88			6473.26			
west kavierstad wa /0412-0093			7 Social security tips			8 Allocated tips				
				156906.75			223215.88			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
4365872							208			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
			141			E 1399				
Mary Perry				13 Statutory Retirement Third-party			12b			
5957 Gray Heights			emple	pyee plan sick pay			219			
				14 (Other (see enclosed Notice to Employ	ree)	12c			
West Timothybury NV 14484-465										
			683							
			12d							
			586							
f Employee's address and ZIP code					<u></u>	[,	
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	1	_ocal income tax		20 Locality	name
MO 355-8	5-715	86814.47	10961.7		191545.53		20771.06		Silva	Fort
MA 017-2	7-044	92793.73	8523.12		143165.65	32	086.12		Baker	Rue

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

