REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website					
STATEMENT 764-80-3484	OMB No. 1545-0008 FAST! Use at www.irs.gov/efile.					
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld	Federal income tax withheld				
31-2741068	59726.29 13962.8	13962.8				
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld	4 Social security tax withheld				
Baxter-Richardson PLC	64838.27 4960.13	4960.13				
47425 Smith Summit Apt. 507	5 Medicare wages and tips 6 Medicare tax withheld	1421.28				
North Deborahberg VT 09991-4600						
North Deboramberg VI 09991-4600		8 Allocated tips				
	64838.27 49009.8					
d Control number	9 Advance EIC payment 10 Dependent care benefits					
7650709	281					
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12	12a See instructions for box 12				
	293 3035	3035				
Katie White	13 Statutory Retirement Third-party 12b					
9352 Lewis Gateway Apt. 219	employee plan sick pay E 294					
Nolanmouth WY 41729-1432	14 Other (see enclosed Notice to Employee) 12c	_				
	P 109	109				
	12d					
	D 933					
f Employee's address and ZIP code						
15 State Employer's state ID number 16 State wages, tips, etc. 17 State i	ncome tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name					
NM 730-82-744 32446.15 2349	.78 55377.66 10804.56 Fisher Kno.	11				
UT 565-01-591 28701.02 2783	.2 66988.12 11373.95 Lindsay Comm	on				

Wage and Tax Statement

Form W-2

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 socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	76	64-80-3484	OM	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	·			2 Federal income tax withheld			
31-2741068					59726.29			13962.8				
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld				
Baxter-Richardson PLC					64838.27			4960.13				
47425 Smith Summit Apt. 507 North Deborahberg VT 09991-4600				5 N	5 Medicare wages and tips 49009.8			6 Medicare tax withheld 1421.28				
				7 8	7 Social security tips			8 Allocated tips				
						64838.27			49009.8			
d Control number			9 A	9 Advance EIC payment			10 Dependent care benefits					
7650709					281							
e Emplo	e Employee's first name and initial Last name			11 N	11 Nonqualified plans 12a See instructions for box				for box 12			
Katie White 9352 Lewis Gateway Apt. 219 Nolanmouth WY 41729-1432				13 Statu	293 13 Statutory Retirement Third-party			3035				
					employée plan sick pay X E				294			
				14 (14 Other (see enclosed Notice to Employee)			İ				
				109								
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	oyee's address and ZIP coo		Tree as a second	1 0		I a a a a a a a a a a a a a a a a a a a	1.0					
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income t	tax	18 Local wages, tips, etc.		Local income tax		20 Locality	name	
NM	730-82	2-744	32446.15	2349.78		55377.66	10	804.56		Fisher	Knoll	
UT	565-01	L-591	28701.02	2783.2		66988.12	11	.373.95		Lindsay	Common	

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

