REISSUED a Employee's socia	•			Safe, Accurate	, IRS	A HIO	Visit the IRS Website			
STATEMENT 64	42-98-5367	OMB N	o. 1545-00	08 FAST! Use		*file	at www.irs.gov/efile.			
b Employer identification number			1 V	ages, tips, other compensation	n	2 Federa	I income tax withheld			
73-8320805			58556.7			13458.29				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Tran, Cline and Schwartz and Sons			53712.85			4109.03				
717 Ann Crescent Apt. 469 Richardtown DE 83171-7911			5 N	edicare wages and tips		6 Medicare tax withheld 1255.89				
				43306.6						
			7 Social security tips			8 Allocated tips				
				53712.85			43306.6			
d Control number			9 A	dvance EIC payment		10 Depend	dent care benefits			
9152360							171			
e Employee's first name and initial Last name	е		11 N	onqualified plans		12a See in:	structions for box 12			
Joseph Hurst			269			1687				
			13 Statutory Retirement Third-party employee plan sick pay			12b	1			
9268 Johnson Ridge			Cimpic	yee <u>plan</u>	pay		900			
Derekview AR	62973-0797		14 C	ther (see enclosed Notice to E	mployee)	12c				
Delekview AK 023/3 0/3/						E	465			
			1			12d				
						н	420			
f Employee's address and ZIP code							120			
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			
SC 335-04-290	29947.26	2596.48	46136.33 6458.01		Kelly Neck					
DE 380-75-591	30238.51	2382.36		71774.91	95	01.85	Cooper Meadow			

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	6	42-98-5367	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				1 Wages, tips, other compensation			2	. '			
73-8320805				58556.7			13458.29				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Tran, Cline and Schwartz and Sons				53712.85			4	4109.03			
717 Ann Crescent Apt. 469 Richardtown DE 83171-7911				5 Medicare wages and tips 43306.6			6	6 Medicare tax withheld 1255.89			
				7 Social security tips			8	8 Allocated tips			
				53712.85				43306.6			
d Control number			9 Advance EIC payment			10 Dependent care benefits					
	9152360									171	
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Joseph Hurst			269 13 Statutory Retirement Third-party			100	1687				
					utory Retirement Third ployee plan sick		12b				
9268 Johnson Ridge								900			
Derekview AR 62973-0797				14 Other (see enclosed Notice to Employee)) 12c	12c			
							E	465			
						12d					
								н	420		
								п	420		
f Emplo 15 State	yee's address and ZIP coo Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	1	9 Local in	come tax		20 Locality name
SC	335-04		29947.26	2596.48		10 =100 Hages, aps, 111		6458.01			,
ಎ೦	333-04	1-290	23341.20	2390.48		40130.33		436.	OT		Kelly Neck
DE	380-75	5-591	30238.51	2382.36		71774.91	9	501.	85		Cooper Meadow

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

