REIS	REISSUED a Employee's social security number						Safe, Acc	curate,	e <b>D</b>	ZH		Visit the	IRS Web	site
STAT	TEMENT	38	35-53-6968	OMB	No. 1545-	8000	FAST! U	se	5		6	at www.i	rs.gov/efil	e.
<b>b</b> Employer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld					
63-8076816						67988.72				7246.3				
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld				
Gaines, West and Williams LLC						79023.08				6045.27				
3663 Collins Plain Apt. 397 Markmouth PA 54106-6224				5 Medicare wages and tips 51059.87					6 Medicare tax withheld 1480.74					
					7 Social security tips					8 Allocated tips				
						79023.08				51059.87				
d Control number				9	9 Advance EIC payment 10 Dependent care benefits									
1028328										115				
e Employee's	s first name and initial	Last name	)		11	Nonqualifi	ied plans			12a	See ins	structions	for box 12	
Dr. Jason					153				н 9123					
					13 Statutory Retirement Third-party employee plan sick pay					12b				
392 Escobar Street Suite 499						ipioyee	X	X			E	479		
Lesliehaven IN 24866-7109					14 Other (see enclosed Notice to Employee)				/ee)	12c				
									989					
										12d				
											н	710		
f Employee's	s address and ZIP code	Э							-					
15 State E	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	(	18 Loc	al wages, tips	etc.	19 Lo	ocal inco	ome tax		20 Locali	ty name
SD	803-54	-560	34937.24	3044.46		557	69.14		134	445	. 31		Frye	Haven
DC	503-14-887 36880.41 3008.29			54016.44			100	10078.22			Wilkins	Extension		

Wage and Tax Statement

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.

REISSUED a Employee's social security number					This information is								
STATEMENT 385-53-6968			OMB N	o. 1545-0	to file a tax return this income is tax				ction may be	e imposed o	on you if		
<b>b</b> Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld					
63-8076816					67988.72				7246.3				
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld					
Gaines, West and Williams LLC				79023.08				6045.27					
3663 Collins Plain Apt. 397				5 Medicare wages and tips				6 Medicare tax withheld					
		51059.87				1480.74							
Markmouth PA 54106-6224				7 Social security tips				8 Allocated tips					
					79023.08				51059.87				
d Control number				9 Advance EIC payment				10 Dependent care benefits					
1028328									115				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12					
				153				н 9123					
Dr. Jason				13 Stat	*	Third-party	12b						
392 Escobar Street Suite 499				emp	loyee plan	x sick pay		E	479				
Lesliehaven IN 24866-7109					14 Other (see enclosed Notice to Employee				) 12c				
Desirenaven in 24000 /103								989					
						12d							
								н	710				
f Employee's add	dress and ZIP code							-11	710				
1	loyer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local in	come tax		20 Locali	ty name		
SD	803-54-560	34937.24	3044.46	55769.14			13445	.31		Frye	Haven		
DC	503-14-887 36880.41 3008		3008.29		54016.44		10078.22			Wilkins	Extension		

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

