F	REISSUED a Employee's social security number				Safe, Accurate,  OMB No. 1545-0008  FASTI Use  OMB No. 1545-0008  FASTI Use						
S	TATEMENT	7:	55-69-3520	OME	3 No. 1545-00	008 FAST! Us	se			rs.gov/efile.	
b Employer identification number					1 V	1 Wages, tips, other compensation			Federal income tax withheld		
46-6773857						79763.1			17533.12		
c Employer's name, address, and ZIP code					3 8	3 Social security wages			4 Social security tax withheld		
Brock, Pham and Estes and Sons						70533.04			5395.78		
79390 Thomas Field Apt. 154					5 N				6 Medicare tax withheld		
-						74265.93			2153.71		
Arnoldview CA 62097-5769					7 8	, , , , , , , , , , , , , , , , , , ,			8 Allocated tips		
						70533.04			74265.93		
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits		
7047936									247		
e Emplo	yee's first name and initial	Last name	е		11 N	11 Nonqualified plans			12a See instructions for box 12		
						100			G 1131		
	Alexandra	Linds	sey			13 Statutory Retirement Third-party employee plan sick pay			l		
23998 White Station Apt. 069					X	sick pay		408			
Collinstown IL 47912-6596				14 (	Other (see enclosed Noti	ce to Employee	12c	l			
									155		
								12d			
									856		
f Emplo	yee's address and ZIP cod	۵							030		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income to	ах	18 Local wages, tips,	etc. 1	9 Local income tax		20 Locality name	
NV	194-74	-043	36224.82	4900.85		73270.33	1	4650.26		Gray Squares	
IA	066-17	-140	37178.18	4942.01		66829.62	1	4755.33		Pamela Walks	
Wage and Tax Statement						Department of the TreasuryInternal Revenue Service					

Wage and Tax **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.

REIS	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are								ce. If you are required		
	EMENT	75	55-69-3520	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 Federal income tax withheld			
46-6773857					79763.1			17533.12			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Brock, Pham and Estes and Sons					70533.04			5395.78			
79390 Thomas Field Apt. 154					5 Medicare wages and tips			6 Medicare tax withheld			
	_					74265.93			2153.71		
Arn	oldview	CA 6	2097-5769		7 Social security tips			8 Allocated tips			
					70533.04			74265.93			
d Control numb	oer				9 Advance EIC payment			10 Dependent care benefits			
704	7047936					!			247		
e Employee's fir	irst name and initial	Last name	)		11 Nonqualified plans			12a See instructions for box 12			
Ale	Alexandra Lindsey				100 13 Statutory Retirement Third-party			G 1131			
000	<del>-</del>				employee plan sick pay			1			
239	23998 White Station Apt. 069					<u> </u>			408		
Col	Collinstown IL 47912-6596				14 Other (see enclosed Notice to Employee)			12c			
							155				
								12d			
								856			
f Employee's address and ZIP code						T					
	nployer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name	
NV	194-74	-043	36224.82	4900.85		73270.33	146	650.26		Gray Squares	
IA	066-17	-140	37178.18	4942.01		66829.62	147	755.33		Pamela Walks	

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

