REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website				
STATEMENT 801-43-3704	OMB No. 1545-0	008 FAST! Use	<b>E</b> -file	at www.irs.gov/efile.		
b Employer identification number	1	Wages, tips, other compensation	2 Federa	I income tax withheld		
74-3416240		233699.04	7109	71098.41		
c Employer's name, address, and ZIP code	3	Social security wages	4 Social	4 Social security tax withheld		
Adams-Griffith Inc		230546.79		17636.83		
408 Davis Hills Apt. 529	5	Medicare wages and tips	6 Medica			
South Justintown WI 70177-3834		292217.63		8474.31		
South Justintown wi 70177-3634	7	Social security tips	8 Allocat	8 Allocated tips		
		230546.79		292217.63		
d Control number	9	Advance EIC payment	10 Depen	10 Dependent care benefits		
9524506				173		
e Employee's first name and initial Last name		Nonqualified plans	12a See in	12a See instructions for box 12		
Paula Logan		137		6623		
		utory Retirement Third-party	12b	1		
891 Smith Rue	X	oloyee plan sick pay		520		
North Sarahside CA 74788-4754	14	Other (see enclosed Notice to Employ	/ee) <b>12c</b>	1		
ROIGH BATANSIGE CA 74700 4754			P	532		
			12d			
				852		
f. Feels with a bloom of 1710 and				032		
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 S	tate income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
	31.64	222833.57	36352.09	Timothy Hill		
			†	<del>-</del>		
MI 976-77-869 115499.54 720	02.68	216762.85	34353.34	Clark Roads		

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.

REISSUE	' '	cial security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
STATEME	NT   TI	301-43-3704	OMB No	OMB No. 1545-0008 this income is taxable and you fail to report it.							
<b>b</b> Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld					
74-3416240			233699.04			71098.41					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Adams-Griffith Inc			230546.79			17636.83					
408 Davis Hills Apt. 529 South Justintown WI 70177-3834			5 Medicare wages and tips			6 Medicare tax withheld					
			292217.63			8474.31					
			7 Social security tips			8 Allocated tips					
			230546.79			292217.63					
d Control number	d Control number			9 Advance EIC payment			10 Dependent care benefits				
9524506							173				
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12						
Paula Logan			137  13 Statutory Retirement Third-party			6623					
			employee plan sick pay			520					
891 Smith Rue											
North Sarahside CA 74788-4754			14 Other (see enclosed Notice to Employee)			12c	ĺ				
		P				532					
							12d				
						852					
f Employee's address  15 State Employer's	and ZIP code state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10.1	Local income ta	,	20 Locality name		
					9				,		
IL 3	87-62-966	114252.6	6531.64		222833.57	36	352.09		Timothy Hill		
MI 9	76-77-869	115499.54	7202.68		216762.85	34	353.34		Clark Roads		

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

