F	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
S	TATEMENT	08	84-29-3456	OMB N	o. 1545-00	008 FAS	T! Use		file	at www.i	rs.gov/efile.		
	b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld			
91-8417265					131885.77				19862.78				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Walker PLC Inc					171170.43				13094.54				
357 Kara Mews Apt. 725 Walterbury NC 85291-0770					5 Medicare wages and tips				6 Medicare tax withheld				
					130511.06				3784.82				
Walterbury NC 85291-0770					7 Social security tips				8 Allocated tips				
					171170.43				130511.06				
d Contro					9 Advance EIC payment			1	10 Dependent care benefits				
	2343842								111				
e Emplo	yee's first name and initial	Last name			11 Nonqualified plans			1	12a See instructions for box 12				
		_			187				D 7889				
William Torres					13 Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee)				12b				
015 Collins Track Suite 943				G					682				
South Jameston AL 44486-9508									12c	Ī			
									н	110			
								1	12d				
										632			
f Emplo	vee's address and ZIP code	_						-		032			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					18 Local wages, tips, etc. 19		19 Loc	Local income tax 2		20 Locality name			
MN	470-14	-105	67905.51	5998.24		143755.22 2		209	20984.1		Werner Lodge		
AK	488-92	-430	60286.32	7073.08		168549	. 11	139	49.74		Adam Trail		
				•			•						

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 Emplo	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									
_	STATEMENT				No. 1545-0008 this income is taxable and you fail to report it.						
1	oyer identification number	1 Wages, tips, other compensation			2 Federal income tax withheld						
91-8417265					131885.77			19862.78			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Walker PLC Inc 357 Kara Mews Apt. 725					171170.43			13094.54			
					5 Medicare wages and tips			6 Medicare tax withheld			
	•	130511.06			3784.82						
Walterbury NC 85291-0770					7 Social security tips			8 Allocated tips			
		171170.43			130511.06						
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	2343842						111				
e Emplo	oyee's first name and initial	Last name		11 Nonqualified plans			12a See instructions for box 12				
William Torres				187 13 Statutory Retirement Third-party			D 7889				
015 Collins Track Suite 943				employee plan sick pay 14 Other (see enclosed Notice to Employee)			G	682			
South Jameston AL 44486-9508					Other (see enclosed Notice to Employ	ree)	12c	ı			
							H	110			
							12d				
								632			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					18 Local wages, tips, etc.	140 1	ocal income ta		20.		
	• •	9 . , .			10 = 11 = 11 = 11 = 11 = 11 = 11 = 11 =			•	20 Locality name		
MN	470-14-105	67905.51	5998.24		143755.22 20		0984.1		Werner Lodge		
AK	488-92-430	60286.32	7073.08	168549.11		13	949.74	Adam Trail			

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

