REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					te		
STATEMENT 788-73-9129	OMB No	o. 1545-0008	FAST! Us	se 📉	erfile.	at www.irs	.gov/efile.	-	
b Employer identification number	•	1 Wag	es, tips, other compe	ensation	2 Fede	ral income tax v	vithheld		
64-6597678			39554.42	853:	85313.34				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Harris-Boyd and Sons			186927.17			14299.93			
1279 Evans Streets Port Katherine NY 73685-9259			icare wages and tips	6 Medi					
			40945.0		6987.4				
			al security tips	8 Alloc	8 Allocated tips				
			86927.17			24094	5.0		
d Control number		9 Adva	ance EIC payment		10 Depe	endent care ben	efits		
9226315						147			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
			154			5540			
David Rogers		13 Statutory employee		Third-party sick pay	12b				
72528 Cline Crescent West Alison KS 88311-9296			plan	D	D 986				
			er (see enclosed Noti	e) 12c	ì				
						689			
					12d				
						900			
f Employee's address and ZIP code						300			
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	18	Local wages, tips,	etc.	19 Local income t	ax 2	20 Locality	name	
NC 697-69-396 108056.42	9963.82	1	82872.47		24159.23	3 :	Perez	Fort	
SD 899-86-484 118120.27	8127.22	2	22974.05	4	41056.63	3 .	John	Road	

Wage and Tax Statement

Form W-2

5070

Department of the Treasury--Internal Revenue Service

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 soc	cial security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT		88-73-9129	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	b Employer identification number			1 Wages, tips, other compensation				Federal income tax withheld			
64-6597678			239554.42				85313.34				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Harris-Boyd and Sons			186927.17			14299.93					
1279 Evans Streets Port Katherine NY 73685-9259			5 Medicare wages and tips			6 Medicare tax withheld					
			240945.0			6987.4					
			7 Social security tips			8 Allocated tips					
			186927.17			240945.0					
d Control number				9	Advance EIC payme	nt		10 Depen	dent care be	enefits	
9226315							147				
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12				
David Rogers			154			5540					
			13 Stat	,			12b				
72528 Cline Crescent			emp	oloyee plan	sick pay		D	986			
77	770	00011 0006		14	Other (see enclosed	Notice to Emplo	yee)	12c			
West Alison KS 88311-9296					·	, ,		600			
							689				
								12d	ĺ		
								900			
f Employee's address and ZIP					•						
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax					9 Local income tax		20 Locality name	
NC 697-6	59-396	108056.42	9963.82		182872.47		24	24159.23		Perez	Fort
SD 899-8	86-484	118120.27	8127.22		222974.05 4		41	41056.63		John	Road

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

