R	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website						site	
ST	TATEMENT	02	27-90-4978	OMB N	o. 1545-0	DOS FAST! Use		≁file >	at www.ii	rs.gov/efile	a.	
b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld				
,	42-2158237					58186.73			12504.03			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Phillips-Shannon Group					65664.12			5023.31				
95962 Teresa Circles					5 1	Medicare wages and tips	6 Medicare tax withheld					
						63307.57	1835.92					
Alexandershire DE 75165-4287				7 Social security tips			8 Allocated tips					
					65664.12			63307.57				
d Control number				9 Advance EIC payment 10 Dependent care benefits				enefits				
7454947								160	160			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
_				232			1641					
	Sarah Norman				13 Statutory Retirement Third-party			12b				
177 Blair Shoal				employee plan sick pay 14 Other (see enclosed Notice to Employee)			819					
Rossside WI 66760-7374							12c					
ROSSSIGE WI 00/00-/3/4								E 682				
							12d					
								E	624			
f Employ 15 State	yee's address and ZIP cod		140 00-1	17 State income tax	<u> </u>	140 1	140	Local income tax		00.1		
	Employer's state ID nu		16 State wages, tips, etc.			9 . , .				20 Localit	•	
KS	753-44	-69I	28809.5	1289.59		46516.71 9		9372.52		Kane	Place	
WY	065-66	-417	28307.05	1346.2		65376.61	11	447.67		Black	Brook	

Wage and Tax

Form W-2 Statement

5010

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

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	0:	27-90-4978	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 Emplo	b Employer identification number					Wages, tips, other compensation		2 Federal income tax withheld					
42-2158237					58186.73			12504.03					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld					
Phillips-Shannon Group					65664.12			5023.31					
95962 Teresa Circles Alexandershire DE 75165-4287					5 1	Medicare wages and tips		6 Medicare tax withheld 1835.92					
						63307.57							
					7 Social security tips			8 Allocated tips					
					65664.12			63307.57					
d Control number					9 Advance EIC payment			10 Dependent care benefits					
	7454947								160				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
Sarah Norman 177 Blair Shoal				232			1641						
				13 Statu			12b						
								819					
Rossside WI 66760-7374					14 (Other (see enclosed Notice to Employe	ee)	12c					
					!			E 682					
							H	12d					
									E 624				
f Employee's address and ZIP code								E 024					
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		ocal income tax	20 Localit	y name			
KS	753-44		28809.5	1289.59	46516.71		93	72.52		Place			
	, 55 4					10010.71				- rans	400		
WY	065-66	6-417	28307.05	1346.2		65376.61		447.67	Black	Brook			

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

