REISSUED a Employee's so	cial security number			Safe, Ac	curate,	0 .6	H	Visit the	IRS Website	
STATEMENT 2	291-16-3776	OMB N	o. 1545-00	008 FAST! U	se	G~I	ile)	at www.ii	rs.gov/efile.	
b Employer identification number			1 V	Vages, tips, other com	ensation	2	Federa	l income tax	withheld	
16-4459228				136105.15			36769.8			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Fowler and Sons LLC				141705.42			10840.46			
972 Jose Loaf Apt. 435 Davilaburv MA 79334-6227			5 Medicare wages and tips			6				
			152679.95				4427.72			
Davilabury MA 79334-6227			7 Social security tips			8	8 Allocated tips			
				141705.42					79.95	
d Control number			9 Advance EIC payment			10	10 Dependent care benefits			
7050492								179		
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12			
Michelle Abbott			223				D 9217			
			13 Statutory Retirement Third-party employee plan sick pay			12b		1		
2404 Megan Crossing Apt. 869			empi	X	SICK Pay		P	510		
Dannymouth CT 18093-2916			14 Other (see enclosed Notice to Employee)			ee) 12c		I		
							G	185		
						12d	12d			
								122		
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		19 Local ii		(20 Locality name	
NE 573-13-432	61621.35	5546.37		158895.62		14775	5.26		Joseph Neck	
TX 144-38-625	63653.36	3774.05		126253.66	}	21674	1.74		Ellis Center	

Wage and Tax

Form W-2 Statement

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.

R	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
SI	TATEMENT	29	91-16-3776	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				
16-4459228				136105.15			36769.8				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Fowler and Sons LLC				141705.42			10840.46				
972 Jose Loaf Apt. 435 Davilabury MA 79334-6227			5 Medicare wages and tips			6 Medicare tax withheld					
			152679.95			4427.72					
			7 Social security tips			8 Allocated tips					
				141705.42			152679.95				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
7050492							179				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Michelle Abbott			223			D 9217					
			13 Statutory Retirement Third-party			12b					
2404 Megan Crossing Apt. 869			emp	oyee plan sick pay		P	510				
			14 (Other (see enclosed Notice to Employ	(00)	12c	310				
Dannymouth CT 18093-2916			'* '	Other (see enclosed Notice to Employ	(66)	120	I				
						G	=				
								12d	ı		
						122					
f Employ	yee's address and ZIP coo	de					-				
15 State	Employer's state ID nu	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax	:	20 Locality name	
NE	573-13	3-432	61621.35	5546.37		158895.62	14	775.26		Joseph Neck	
ТX	144-38	3-625	63653.36	3774.05		126253.66	21	674.74		Ellis Center	

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

