REISSUED a Employee's social security number			Safe, Accurate,	(IRC )	A HIO	Visit the IRS Website		
STATEMENT 043-21-6163	OMB No	. 1545-0008	FAST! Use		<b>vfile</b>	at www.irs.gov/efile.		
b Employer identification number	•	1 Wag	ges, tips, other compensation	1	2 Federa	Il income tax withheld		
30-1984261	56723.55			18798.36				
c Employer's name, address, and ZIP code		3 Social security wages			4 Social security tax withheld			
Brown, Boyd and Bernard Ltd			41332.88			3161.97		
0630 Lowe Coves Suite 580			5 Medicare wages and tips			6 Medicare tax withheld		
Jeffreyland ID 60707-9096			ial security tips		1737.57  8 Allocated tips			
-			1332.88		7 1110001	59916.2		
d Control number			ance EIC payment		10 Depend	dent care benefits		
1532849						238		
e Employee's first name and initial Last name		<b>11</b> Non	qualified plans		12a See in	structions for box 12		
William Mathis			123			7395		
			13 Statutory Retirement Third-party employee plan sick pay			12b		
4764 Larry Corner Suite 096			X SIGK PAY			D 328		
Thomashaven WV 10607-1557			er (see enclosed Notice to En	mployee)	12c	i		
2000, 200,						424		
					12d	1		
						749		
f Employee's address and ZIP code	_							
15 State Employer's state ID number 16 State wages, tips, etc.				20 Locality name				
MS 508-71-579 26833.27	2878.25	46220.7 7616.5 Ri		Riley Turnpike				
UT 824-78-470 25753.25	2004.11	5	8802.8	79	907.35	Phillips Corners		

Wage and Tax Statement 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 Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	0	43-21-6163	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				Wages, tips, other compensation			2 Federal income tax withheld						
30-1984261					56723.55			18798.36					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld					
Brown, Boyd and Bernard Ltd					41332.88			3161.97					
0630 Lowe Coves Suite 580 Jeffreyland ID 60707-9096				5 Medicare wages and tips			6 Medicare tax withheld						
				59916.2 7 Social security tips			1737.57  8 Allocated tips						
d Control number				9 Advance EIC payment			10 Dependent care benefits						
1532849								238					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12							
William Mathis			123  13 Statutory Retirement Third-party			7395							
				employee plan sick pay									
4764 Larry Corner Suite 096				Х			D	328					
Thomashaven WV 10607-1557				14 Other (see enclosed Notice to Employee)			12c						
			н				424						
							-	12d					
								749					
f Emplo 15 State	byee's address and ZIP coo		16 State wages tipe ate	17 State income tax		18 Local wages, tips, etc.	10   0	cal income tax		20 Locality name			
	Employer's state ID no		16 State wages, tips, etc.			9				20 Locality name			
MS	508-71	5/9	26833.27	2878.25		46220.7		7616.5		Riley Turnpike			
UT	824-78	3-470	25753.25	2004.11		58802.8		7.35	Phillips Corners				

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

