REIS	SUED	a Employee's socia	l security number				Safe, Accu	irate,			Visit the	IRS Websit	te	
STATE	EMENT	36	51-36-1110	OMB N	o. 1545-	8000	FAST! Use	e	?~fi	6	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
65-1780740					227076.4				5	58629.21				
c Employer's na	c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Woodard-Clayton Inc					289430.21				2	22141.41				
2848 Martin Alley Suite 843 Anthonyland MN 54812-4166					5 Medicare wages and tips				6					
					255286.3 7 Social security tips				8	7403.3 8 Allocated tips				
michony tand fin 54012 4100					289430.21			•	· ·					
d Control number									10	255286.3 10 Dependent care benefits				
					9	Advance El	o payment		10	Depend		enents		
	9157									128				
e Employee's fi	irst name and initial	Last name			11	Nonqualified	plans		12a	See ins	structions 1	for box 12		
Danielle House					208				н 5070					
					13 Statutory Retirement Third-party employee plan sick pay				12b		i			
39926 Young Trace Apt. 645					X Sick pay				303					
North Scott OH 07877-5602					14 Other (see enclosed Notice to Employee)) 12c		ı			
									E 463					
								12d	12d					
											511			
	iddress and ZIP code		T	T		1								
	nployer's state ID nu		16 State wages, tips, etc.	17 State income tax			wages, tips, e		9 Local inc			20 Locality	name	
ID	194-69	-724	113630.75	12106.34		2668	95.18	2	25383	.11		Hensley	Plaza	
WI	297-98	-268	122041.35	14844.6		2608	40.34	4	11624	. 87		Michael	Green	

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.

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	3	61-36-1110	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				1 Wages, tips, other compensation				2 Federal income tax withheld				
65-1780740						227076.4				58629.21			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Woodard-Clayton Inc					289430.21				22141.41				
2848 Martin Alley Suite 843				5 Medicare wages and tips				6 Medicare tax withheld					
Anthonyland MN 54812-4166					255286.3				7403.3				
	Anthonyland MN 54612-4166					7 Social security tips				8 Allocated tips			
						289430.21				255286.3			
d Contro	d Control number					9 Advance EIC payment				10 Dependent care benefits			
	1199157									128			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
	Parialla Vausa				208				н 5070				
	Danielle House					13 Statutory Retirement Third-party employee plan sick pay				1			
39926 Young Trace Apt. 645					x			303					
	North Scott OH 07877-5602					14 Other (see enclosed Notice to Employee)				12c			
									E 463				
								12d					
										511			
	yee's address and ZIP coo		T	T.= 2		T					T		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local inc		[20 Locality name		
ID	194-69	9-724	113630.75	12106.34	266895.18 2		25	383	.11		Hensley Plaza		
WI	297-98	3-268	122041.35	14844.6		260840.34	41	624	. 87		Michael Green		

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

