REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS							
STATEMENT	76	57-66-9536	OMB N	o. 1545-0	008 FAST! Us	e		le	at www.ii	rs.gov/efile.	
b Employer identification number				1	1 Wages, tips, other compensation			2 Federal income tax withheld			
56-0420227				105171.36				25044.6			
c Employer's name, address, and Z	IP code			3 Social security wages			4	4 Social security tax withheld			
Wiley-Carroll LLC				109977.0			8	8413.24			
3831 James Hill				5 Medicare wages and tips				6 Medicare tax withheld			
East Garystad CT 16969-2328				97108.82				2816.16			
				7 Social security tips			8	8 Allocated tips			
				109977.0				97108.82			
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
5436800									156		
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12			
				151				6201			
Erin Jenkins			13 Statutory Retirement Third-party employee plan sick pay			12b					
478 Delacruz Mission				X Sick pay				G 802			
New William VT 58573-3356				14 Other (see enclosed Notice to Employee)			ee) 12c		i		
								E	788		
							12d				
							~		l		
									567		
f Employee's address and ZIP code		140 00000000000000000000000000000000000	147 00-1-1-1-1-1		140 1		40			00 1	
15 State Employer's state ID nur		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, 6		19 Local in		i.	20 Locality name	
ND 940-69	- /48	49731.43	2733.82		76582.21		17881	.24		Johnson Park	
OR 252-86	-064	48685.85	2617.23		74484.83		20821	.16		Andrea Springs	

Wage and Tax

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 socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
_	TATEMENT	76	67-66-9536	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				ll.	Wages, tips, other compensation			2 Federal income tax withheld			
56-0420227				105171.36			25044.6				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Wiley-Carroll LLC				109977.0			8413.24				
3831 James Hill				5 Medicare wages and tips			6 Medicare tax withheld				
				97108.82			2816.16				
	East Garystad CT 16969-2328				7 Social security tips			8 Allocated tips			
				109977.0			97108.82				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
	5436800							156			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Erin Jenkins				151			6201				
				13 Statutory Retirement Third-party			12b				
478 Delacruz Mission				emplo	oyee plan sick pay		G	802			
470 Delaciuz Mission						\		002			
New William VT 58573-3356					14 Other (see enclosed Notice to Employee)			12c			
				E				788			
								12d			
							567				
f Employee's address and ZIP code											
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	cal income tax		20 Locality name	
ND	940-69	9-748	49731.43	2733.82		76582.21	178	81.24		Johnson Park	
OR	252-86	5-064	48685.85	2617.23		74484.83	208	321.16		Andrea Springs	

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

