REISSU		ocial security number			Safe, Ac	curate,	e <b>D</b>	AHIO.	Visit the	IRS Website		
STATEME	ENT	576-83-1367	OMB N	o. 1545-0	008 FAST! U	Jse 📉	5	file)	at www.i	rs.gov/efile.		
<b>b</b> Employer identification number				1 \	1 Wages, tips, other compensation				Federal income tax withheld			
73-8438702					68900.98				18636.77			
c Employer's name,	address, and ZIP code			3 3	3 Social security wages				4 Social security tax withheld			
Buckley, Brown and Armstrong Group				74380.4				5690.1				
6590 Chelsea Rest Suite 902				5 Medicare wages and tips				6 Medicare tax withheld				
New Raymond NY 32877-9075					60318.94				1749.25			
					7 Social security tips				8 Allocated tips			
				74380.4				60318.94				
d Control number				9 Advance EIC payment 10				10 Dependent care benefits				
8883614									223			
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
John Rice 6558 Perry Key Katelynfort NE 98048-1280				102				1596				
				13 Statutory Retirement Third-party sick pay  X  X  14 Other (see enclosed Notice to Employee)				12b				
								P 953				
								12c				
								761				
					1			12d				
								D	480			
f Employee's addres	s and 7IP code						-		100			
			ļ	18 Local wages, tips, etc. 19		19 Lo	9 Local income tax		20 Locality name			
MD	276-41-213	37457.42	4034.43		53629.56 9		957	9.2	Burns Prairie			
MS	396-40-969	36531.63	3363.23	87959.67 7		708	33.43	Butler Vista				

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

5070

Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	TATEMENT	5	76-83-1367	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>b</b> Employ	yer identification number			<u>.</u>	Wages, tips, other compensation				2 Federal income tax withheld			
73-8438702					68900.98				18636.77			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Buckley, Brown and Armstrong Group				74380.4				5690.1				
6590 Chelsea Rest Suite 902				5 Medicare wages and tips				6 Medicare tax withheld				
					60318.94				1749.25			
New Raymond NY 32877-9075				7 Social security tips				8 Allocated tips				
					74380.4				60318.94			
d Control number					9 Advance EIC payment				10 Dependent care benefits			
8883614									223			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
				102				1596				
'	John Rice				13 Statutory Retirement Third-party				12b	1		
6558 Perry Key				employee plan sick pay				P 953				
					14 Other (see enclosed Notice to Employee)			ree)	12c			
Katelynfort NE 98048-1280							,					
							L		761			
									12d	1		
									D 480			
f Employee's address and ZIP code												
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		19 L	ocal income ta	х	20 Locality name	
MD	276-41	L-213	37457.42	4034.43		53629.56		95	9579.2		Burns Prairie	
MS	396-40	-969	36531.63	3363.23		87959.67		70	83.43	Butler Vista		

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

