REISSUED	a Employee's socia	al security number			S	afe, Accurate,	pc 1	A HI	Visit the	IRS Webs	ite	
STATEMENT	68	36-23-7237	OMB	No. 1545-0	008 <b>F</b>	AST! Use		'file	at www.i	rs.gov/efile	).	
b Employer identification number				1 \	1 Wages, tips, other compensation			Federal income tax withheld				
67-9511849					117803.63				41517.38			
c Employer's name, address, and ZIP code				3 5	3 Social security wages			4 Social security tax withheld				
Wilson-Brooks PLC					140267.74			10730.48				
139 Jason Hill				5 1	gg				6 Medicare tax withheld			
Sarahland AZ 66910-1298					126134.1				3657.89			
				7 3	7 Social security tips				8 Allocated tips			
					140267.74			126134.1				
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits				
9535720									159			
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12				
					259			E 9170				
Angela Maxwell				13 Statutory Retirement Third-party employee plan sick pay			12b	1				
11560 Alexandra Inlet					mployee plan sick pay			н	i 291			
West Annview OH 55101-8962				14 (	Other (see en	closed Notice to Emplo	oyee)	12c	1			
								G	414			
								12d				
									851			
f Employee's address and ZIP												
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax	(	18 Local w	ages, tips, etc.	19 Lc	ocal income ta	(	20 Locality	/ name	
KS 184-3	32-044	64763.53	2799.45		13973	0.7	144	154.42		Debra	Drive	
ND 284-	77-408	60212.11	3830.06		12323	4.37	159	920.08		Joseph	Plaza	

Wage and Tax

5010

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.

REISSUED a Emp	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
STATEMENT	<b>STATEMENT</b> 686-23-7237 OMB No.			to file a tax return, a neg this income is taxable an			ction may be impo	sed on you if			
b Employer identification number				Wages, tips, other compensation			Federal income tax withheld				
67-9511849				117803.63			41517.38				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Wilson-Brooks PLC				140267.74			10730.48				
139 Jason Hill				Medicare wages and tips		6 Medicare tax withheld					
Sarahland AZ 66910-1298				126134.1		3657.89					
			7 5	Social security tips	8 Allocated tips						
				140267.74			126134.1				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
9535720							159				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
_				259		E	9170				
Angela Maxwell				,	f-party	12b					
11560 Alexandra Inlet				pyee plan sick	pay	н	291				
				Other (see enclosed Notice to E	mployee)	12c	231				
West Annview OH 55101-8962				other (see enclosed Notice to L	ilipioyee)	1					
						G	414				
						12d	1				
							851				
f Employee's address and ZIP code							1				
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax	x 20 l	ocality name			
KS 184-32-04	4 64763.53	2799.45		139730.7 1		4454.42	Del	ora Drive			
ND 284-77-40	8  60212.11	3830.06		123234.37	1!	5920.08	Jos	eph Plaza			

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

