REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					
STATEMENT 578-18-5046	OMB No. 1545-0	008 FAST! Use	at www.irs.gov/efile.				
b Employer identification number	1 \	Vages, tips, other compensation	2 Federal income tax withheld				
25-1491527		174921.2	61009.54				
c Employer's name, address, and ZIP code	3 5	Social security wages	4 Social security tax withheld				
Wallace, White and Donaldson PLC		157851.17	12075.61				
36274 Nancy Villages Suite 733	5 1	Medicare wages and tips	6 Medicare tax withheld				
Wrightbury KY 64895-9806		196760.96	5706.07				
Wiightbury Ki 04095 9000	7 5	Social security tips	8 Allocated tips				
		157851.17	196760.96				
d Control number	9 /	9 Advance EIC payment 10 Dependent care benefits					
416029		274					
e Employee's first name and initial Last name	11 1	Nonqualified plans	12a See instructions for box 12				
Towns Towns		234	8975				
James Lawrence	13 State	ttory Retirement Third-party oyee plan sick pay	12b				
7482 Vargas Drive	Cinp	Sick pay	E 231				
Leemouth AZ 16475-6886	14	Other (see enclosed Notice to Employ	ee) 12c				
			865				
			12d				
			830				
f Employee's address and ZIP code			1030				
1 2/11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	te income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name				
KS 944-00-752 95473.1 969	3.01	145806.21	18568.19 Vincent Island				
UT 344-69-315 96191.04 912	3.49	197982.83	27751.4 Christy Summit				

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.

В	EISSUED	a Employee's soc	ial security number	1	This information is being furnished to the Internal Revenue Service. If you are required							
	LIGOOLD		•	OMPIN	to file a tay return, a negligence penalty or other canction may be imposed on you if							
	ATEMENT	5	78-18-5046	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number				 Wages, tips, other compensation 			Federal income tax withheld					
25-1491527				174921.2			61009.54					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Wallace, White and Donaldson PLC				157851.17			12075.61					
36274 Nancy Villages Suite 733			5 Medicare wages and tips 196760.96			6 Medicare tax withheld 5706.07						
									Wrightbury KY 64895-9806			
				157851.17			196760.96					
d Control number			9 Advance EIC payment			10 Dependent care benefits						
416029				274								
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 12				or box 12					
James Lawrence			234			8975						
			13 Stat	utory Retirement Third-party		12b						
7400 Wanna a Buina				employee plan sick pay			E 021					
7482 Vargas Drive					X		E	231				
Leemouth AZ 16475-6886					14 Other (see enclosed Notice to Employee)			12c	ı			
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							830					
	ee's address and ZIP coo		Transis is a	1		Link	1.0.1			I a.a. 1. 111.		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.7,1,7,		19 Local income tax		20 Locality name		
KS	944-00)-752	95473.1	9693.01	145806.21		18	18568.19		Vincent Island		
UT	344-69	-315	96191.04	9123.49		197982.83	27	751.4		Christy Summit		

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

