REISSUED	EISSUED a Employee's social security number					Safe, Accurate, Visit the IRS Website						
STATEMEN'	г 8.	72-55-9605	OMB	No. 1545-00	008 FAST! U	Jse 📉	G~I	ile	at www.i	rs.gov/efile.		
b Employer identification number				1 V	1 Wages, tips, other compensation				2 Federal income tax withheld			
64-6414771					181036.98				30111.49			
c Employer's name, address, and ZIP code				3 8	3 Social security wages				4 Social security tax withheld			
Robertson-Anderson and Sons					174132.96				13321.17			
93061 Gillespie Rue Apt. 147				5 N					6 Medicare tax withheld			
South Danachester AL 74264-5989				<u> </u>	178321.71				5171.33			
				7 8	7 Social security tips				8 Allocated tips			
					174132.96				178321.71			
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits				
4569456	4569456								258			
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12				
Laura Lawson 4454 Roy Plaza					143			E 9010				
					13 Statutory Retirement Third-party employee plan sick pay				1			
									472			
East Richardshire DE 42353-3					14 Other (see enclosed Notice to Employee)				1			
Hast Richardshile Di 42333 3									524			
									12d			
								P	928			
f Employee's address an												
' '	ate ID number	16 State wages, tips, etc.	17 State income tax	x	18 Local wages, tip		19 Local i		x	20 Locality name		
NY 49	9-93-689	94626.52	4019.77		154737.83	3	3154	4.89		Tami Extension		
AL 69	2-91-536	99531.39	6152.39		197453.3	5	1931	3.87		Mann Locks		

Wage and Tax

Form W-2 Statement

5010

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.

REISSUED	a Employee's soci	al security number									vice. If you are required								
STATEMENT	8	72-55-9605	OMB N	o. 1545-0		return, a negligend is taxable and you			er sand	ction may b	e imposed on you if								
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld											
64-6414771				181036.98				30111.49											
c Employer's name, address, ar	c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld										
Robertson-Anderson and Sons				174132.96				13321.17											
93061 Gillespie Rue Apt. 147 South Danachester AL 74264-5989				5 Medicare wages and tips 178321.71 7 Social security tips				6 Medicare tax withheld 5171.33 8 Allocated tips											
												174132.96				178321.71			
												d Control number	d Control number				9 Advance EIC payment		
				4569456	4569456									258					
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12											
				143				E 9010											
Laura Lawson				13 Statutory Retirement Third-party				12b											
4454 Roy Plaza				employee plan sick pay				P 472		472									
East Richardshire DE 42353-3					14 Other (see enclosed Notice to Employee)				12c										
								524											
									12d										
									P	928									
f Employee's address and ZIP		T	T.=		T						T								
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wage	• •		ocal incor			20 Locality name								
NY 499-9	93-689	94626.52	4019.77		154737	. 83	31	544.	89		Tami Extension								
AL 692-9	91-536	99531.39	6152.39		197453	.36	19	313.	87		Mann Locks								

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

