REISSUED a Employee's social s		Safe, Accurate, Visit the IRS Website									
STATEMENT 220)-10-3745	OMB N	No. 1545-00	DOS FAST! Use			e at	www.irs.gov	//efile.		
b Employer identification number	1 \	Wages, tips, other compen-	2	Federal income tax withheld							
31-1280375		215063.04	3	30665.43							
c Employer's name, address, and ZIP code	3 5	Social security wages	4 Social security tax withheld								
Gray PLC and Sons		225339.22	1	17238.45							
524 Wells Port Suite	5 1	Medicare wages and tips	6 Medicare tax withheld								
Burkehaven IA 31285-1471				162529.24			4713.35				
				Social security tips	8	8 Allocated tips					
		225339.22	162529.24								
d Control number	9 Advance EIC payment 10 Dependent care benefits										
2779880			144								
e Employee's first name and initial Last name				Nonqualified plans	12a See instructions for box 12						
Rebecca Bryant			182			G 5326					
			13 Statu		12b	i					
9031 Felicia Crest	employee plan sick pay				964						
South Thomasborough HI 16486-5				Other (see enclosed Notice	to Employee)) 12c	1				
						G 2	217				
						12d	12d				
					E 1	26					
f Employee's address and ZIP code											
	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc	c. 19	9 Local inco	ome tax	20 L	ocality name		
OR 756-30-002	117228.43	9166.14		191447.9	3	2853.	.78	Zac	hary Tunnel		
IA 274-22-215	100434.3	8225.22		214636.32	3	5363.	45	Pay	ne Point		

Wage and Tax Statement 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.

REISSU	JED	a Employee's socia	l security number			This information is being furnished to the Internal Revenue Service. If you are required								
STATEM	IENT	22	0-10-374	45	OMB	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 identific	b Employer identification number						Wages, tips, other compensation					l income tax	withheld	
31-1280375						215063.04			30665.43					
c Employer's name, address, and ZIP code					3 8	3 Social security wages			4 Social security tax withheld					
Gray PLC and Sons						225339.22			17238.45					
524 Wells Port Suite 929					5 Medicare wages and tips				6 Medicare tax withheld					
					162529.24				4713.35					
Burkehaven IA 31285-1471			7 Social security tips				8 Allocated tips							
					225339.22				162529.24					
d Control number					9 Advance EIC payment				10 Dependent care benefits					
2779880									144					
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12						
Rebecca Bryant 9031 Felicia Crest South Thomasborough HI 16486-5					182 13 Statutory Retirement Third-party			,	G 5326					
						employee plan sick pay					964	964		
					14 Other (see enclosed Notice to Employee)				12c					
									G 217					
				12d										
										E	126			
f Employee's address and ZIP code											•			
	yer's state ID nu		16 State wages,		17 State income tax		18 Local wage		1	ocal inc			20 Locality	y name
OR	756-30	-002	117228.	43	9166.14		191447.9		32	32853.78			Zachary	Tunnel
IA	274-22	-215	100434.	3	8225.22		214636	32	35	363	. 45		Payne	Point

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

