REISSUED	a Employee's socia	l security number		Safe, Accurate, OMB No. 1545-0008 FASTI Use At www.irs.gov/e					IRS Website			
STATEMENT	64	6-15-1445	OMB N	o. 1545-0	008 FAS 1	「! Use	G~I	IIE	at www.i	rs.gov/efile.		
b Employer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld				
46-7311101					44256.01				14261.58			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld				
Travis, Dickson and Duncan PLC				53441.4				4088.27				
51526 Krause Rue Christinahaven IL 61812-6463				5 Medicare wages and tips				6 Medicare tax withheld				
				39694.85				1151.15				
				7 Social security tips				8 Allocated tips				
				53441.4				39694.85				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
6400884								218				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
Maria Allen				176				G 8529				
				13 Statutory Retirement Third-party employee plan sick pay			12b	1				
1773 Chloe Row				The succession of the successi				н 772				
Brownborough ID 69525-4470				14 Other (see enclosed Notice to Employee)					1			
								P	156			
								12d				
									452			
f Employee's address and ZIP code									•			
15 State Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax	•	18 Local wages	, tips, etc.	19 Local	ncome ta	х	20 Locality name		
HI 756-1	5-043	21689.33	1264.65		52034.39 5		5980	5980.7		Christine Rue		
WY 659-2	3-151	23041.01	1356.88		50149.2	6	7346	. 66		Austin Motorway		

Wage and Tax

Form W-2 Statement

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.

F	REISSUED	a Employee's socia	al 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							
S	TATEMENT	64	46-15-1445	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Emplo	yer identification number				1 \	Vages, tips, other compensation		2 Federal income tax withheld				
46-7311101				44256.01			14261.58					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Travis, Dickson and Duncan PLC					53441.4			4088.27				
51526 Krause Rue				5 Medicare wages and tips			6 Medicare tax withheld					
					39694.85				1151.15			
Christinahaven IL 61812-6463				7 Social security tips			8 Allocated tips					
					53441.4			39694.85				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
6400884								218				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Maria Allen				176			G 8529					
				13 Statutory Retirement Third-party employee plan sick pay			12b					
1773 Chloe Row					empi	yee plan Sick pay			H	772		
Brownborough ID 69525-4470				14 Other (see enclosed Notice to Employee)			12c					
								P	156			
						F	12d					
							452					
f Employee's address and ZIP code												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		9 Local income tax			20 Locality name	
HI	756-15	5-043	21689.33	1264.65		52034.39 59		980.7			Christine Rue	
WY	659-28	8-151	23041.01	1356.88		50149.26 73		7346.66			Austin Motorway	

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

