REISSUED a	Employee's social security number			Safe, Accurate,	e D		Visit the I	RS Website		
STATEMENT	741-69-2778	OMB No	o. 1545-000	FAST! Use	<u></u>	file	at www.ir	s.gov/efile.		
b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
12-9581111				107694.41			29719.87			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Mason-Petersen Ltd				134634.74			10299.56			
326 Joseph Harbors				5 Medicare wages and tips			6 Medicare tax withheld			
West Peterfort NH 87819-6119				130195.65			3775.67			
west Peteriort NH 8/819-8119				7 Social security tips			8 Allocated tips			
				134634.74			130195.65			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
4848079				<u> </u>			203			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Renee Morales			119			2243				
				13 Statutory Retirement Third-party employee plan sick pay			1			
06429 Annette Ridges				ee plan sick pay		G	395			
South Greg IN 33064-2401			14 Oth	ner (see enclosed Notice to Employ	/ee) 1	2c				
South Gleg IN 33004-2401							899			
					1	2d				
						P	941			
f Employee's address and ZIP code							-			
15 State Employer's state ID number	er 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loca	al income tax		20 Locality name		
IA 417-96-6	698 49868.32	2680.42	:	121375.23	1769	93.01		Lambert Mountain		
NC 761-38-0	51436.06	2697.43	:	39299.16	171	96.48		Angela Forks		
Wage and Statemer	Department of the TreasuryInternal Revenue Service									

Statement Form W-2 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.

REISSUE	D a Employee's so	cial security number		This information is being furnished to the Internal Revenue Service. If you are required													
STATEME	NT T	741-69-2778	OMB N	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 identification	n number		•	1 V	/ages, tips, other compensation		2 Federa	l income ta	x withheld								
12-9581111				107694.41			29719.87										
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld										
Mason-Petersen Ltd				134634.74			10299.56										
326 Joseph Harbors				5 Medicare wages and tips			6 Medicare tax withheld										
West Peterfort NH 87819-6119				130195.65 7 Social security tips			3775 . 67 8 Allocated tips										
											134634.74			130195.65			
				d Control number			9 Advance EIC payment			10 Dependent care benefits							
4848079							203										
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12											
Renee Morales 06429 Annette Ridges			119 13 Statutory Retirement Third-party employee plan sick pay			2243 G 395											
									00429 Affilecte Kidges			14 Other (see enclosed Notice to Employee)			120		
									South Greg IN 33064-2401			14 Other (see enclosed Notice to Employee)			12C	I	
899																	
							12d	1									
							P	941									
f Employee's address	and ZIP code																
15 State Employer	state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19		19	9 Local income tax		20 Locality name								
IA 4	17-96-698	49868.32	2680.42	12 121375.23 17693.01			Lambert Mountain										
NC 7	61-38-080	51436.06	2697.43	3 89299.16 17196.48		Angela Forks											

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

