REI	ISSUED	a Employee's socia	•			Safe, Ac	curate,			Visit the	IRS Website		
STA	TEMENT	55	4-91-7042	OMB	No. 1545-0	008 FAST! U	Jse	G~I	le)	at www.i	rs.gov/efile.		
<b>b</b> Employer i	identification number				1	Wages, tips, other com	pensation	2	Federal	l income ta:	x withheld		
32	2-1900377					46500.44		6	6463	.86			
<b>c</b> Employer's	s name, address, and Z	IP code			3	Social security wages		4	Social s	security tax	withheld		
Be	ell, Torre	s and And	erson Ltd			57836.37		4	1424	. 48			
53	343 Antoni	o Lodge S	uite 172		5	Medicare wages and ti	os	6	Medica	re tax withh			
	rianfort	_	61-3475			51779.86				1501	. 62		
PI	rianiort	TT 444	01-34/3		7	Social security tips		8	Allocate	ed tips			
						57836.37				5177	9.86		
d Control nu	ımber				9	Advance EIC payment		10	Depend	dent care b	enefits		
18	38007									216			
e Employee'	's first name and initial	Last name	1		11	Nonqualified plans		12a	See ins	structions	for box 12		
				178				2817					
Mı	r. Shaw	'n			13 State		Third-party	12b					
78621 David Station					employee plan sick pay					326			
Williamhaven OR 23374-6287						14 Other (see enclosed Notice to Employee)				12c			
	r r r r annia v	en on	23374 0207						P	621			
								12d		1022			
										501			
	's address and ZIP cod		140 00-1	147 00-1-1-1-1-1		140 1		40			00 1		
	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3,,,,.,			9 Local income tax		20 Locality name		
WY	452-80	-965	23395.34	1697.6		57200.22		8259.	66		Marsh Cape		
WA	416-58	-392	21389.49	2055.67		43538.13		8148.	53		Hill Drives		

Wage and Tax

5070

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.

REISSUED	a Employee's s	ocial security number			This information is being furn						
STATEMENT		554-91-7042  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>b</b> Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld			
32-190037	7	46500.44			6463.86						
Employer's name, address, and ZIP code  3 Social security wages  4 Social security wages							security tax	withheld			
Bell, Torres and Anderson Ltd 5343 Antonio Lodge Suite 172 Brianfort IL 44461-3475					57836.37	4424 . 48 6 Medicare tax withheld 1501 . 62					
					Medicare wages and tips						
					51779.86						
					7 Social security tips			8 Allocated tips			
					57836.37	51779.86					
d Control number					9 Advance EIC payment			10 Dependent care benefits			
188007								216			
e Employee's first name and initial Last name  Mr. Shawn 78621 David Station  Williamhaven OR 23374-6287					11 Nonqualified plans  178  13 Statutory Retirement Third-party sick pay  X X X Statutory Retirement Third-party sick pay  14 Other (see enclosed Notice to Employee)			12a See instructions for box 12			
								2817 12b 326			
								320			
					Cities (See Cholosed House to Emple	, ycc,	12c P				
					ļ			621			
f Employee's address and ZIF							12d	501			
15 State Employer's state I		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income ta:	(	20 Locality name		
WY 452-	80-965	23395.34	1697.6		57200.22	82	259.66		Marsh Cap		
WA 416-	58-392	21389.49	2055.67		43538.13	81	48.53		Hill Drive		

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

