d Control number 1446681					134495.33 9 Advance EIC payment			149298.76  10 Dependent care benefits 278			
e Employee's first name and initial Last name  Brittany Burton  379 Mckinney Forest Lisaburgh HI 10666-5174  f Employee's address and ZIP code					11 Nonqualified plans  206  13 Statutory Retirement Third-party sick pay  X X X X  14 Other (see enclosed Notice to Employee)			12a See instructions for box 12  D 6113  12b  D 816			
								538 812			
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips, etc.		ocal income ta		20 Locality name		
NY	340-26-011	62147.48	2757.08		93852.04		949.43		Peterson Loaf		

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.

c Employer's name. Wise-	ation number	049-46-7274	OIVID IN		this income is taxable and you	ı fail to	report it				
01-78 c Employer's name. Wise-	883943				B No. 1545-0008 to life at a fettin, a regingence periarity of uniter satisfies may be impose this income is taxable and you fail to report it.  1 Wages, tips, other compensation 2 Federal income tax withheld						
c Employer's name. Wise-			• •								
Wise-		01-7883943 c Employer's name, address, and ZIP code						16095.16 4 Social security tax withheld			
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786 I	Blake PLC	134495.33			10288.89						
	lenderson Lodge	5 Medicare wages and tips 149298.76			6 Medicare tax withheld 4329.66 8 Allocated tips						
Couth	Toffmor CO '										
South Jeffrey CO 72863-2456									Social security tips		
		134495.33			149298.76						
d Control number				9 Advance EIC payment			10 Dependent care benefits				
1446681							278				
e Employee's first name and initial Last name					Nonqualified plans	12a See instructions for box 12					
		206			D 6113						
Brittany Burton 379 Mckinney Forest Lisaburgh HI 10666-5174					utory Retirement Third-party	,	12b				
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f Employee's addre		1	1		T						
	ver's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name		
NY	340-26-011	62147.48	2757.08		93852.04	17	949.43		Peterson Loaf		
HI	500-47-693	64716.13	2577.69		85097.15	18	132.76		Morgan Street		

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

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