R	REISSUED a Employee's social security number			Safe, Accurate, No. 1545-0008  FAST! Use  RESCRIPTION  At warm irs growlefile									
ST	ATEMENT	06	50-25-2729	OMB N	o. 1545-0	008 FAST	! Use	<b>G</b>	ШЕ	at www.i	rs.gov/efile.		
<b>b</b> Employe	er identification number				1 Wages, tips, other compensation				Federal income tax withheld				
5	6-4540106				139267.47				23131.67				
<b>c</b> Employe	er's name, address, and Z	IP code			3 Social security wages				4 Social security tax withheld				
Foster PLC LLC					102243.52				7821.63				
9938 Tammy Glen					5 Medicare wages and tips				6 Medicare tax withheld				
	South Troy AK 76705-8523					168966.41				4900.03			
						7 Social security tips				8 Allocated tips			
					102243.52				168966.41				
<b>d</b> Control	number				9 Advance EIC payment			1	10 Dependent care benefits				
4	1380161								288				
e Employee's first name and initial Last name					11 Nonqualified plans			1	12a See instructions for box 12				
_	Donald Wagner					130			н 3511				
L						13 Statutory Retirement Third-party employee plan sick pay				1			
5541 Armstrong Gateway Karenbury NC 08534-0090					14 Other (see enclosed Notice to Employee)					277			
									12c	1			
									P	555			
								1	12d				
										860			
f Employee's address and ZIP code													
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages,		19 Loc	cal income ta	х	20 Locality name		
WI	937-21	-989	75691.67	3356.58		123306.	57	206	35.59		Perkins Junction		
ME	810-47	-322	70480.13	3496.24		157744.	66	221	89.54		Matthew Center		

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 social security number					to file a tax return, a negligence penalty or other sanction may be imposed on you if								
S	TATEMENT	0	60-25-2729	OMB N	o. 1545-(	this income is tax				ction may t	e imposea on you if		
<b>b</b> Emplo	<b>b</b> Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld				
56-4540106					139267.47				23131.67				
<b>c</b> Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
	Foster PLC LLC					102243.52				7821.63			
9938 Tammy Glen				5 Medicare wages and tips				6 Medicare tax withheld					
	South Troy AK 76705-8523					168966.41				4900.03			
						7 Social security tips				8 Allocated tips			
					102243.52				168966.41				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	4380161									288			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			1	12a See instructions for box 12				
	Donald Wagner				130				н 3511				
					13 Statutory Retirement Third-party				2b	1			
	5541 Armstrong Gateway					employee plan sick pay				277			
	Karenbury	14 Other (see enclosed Notice to Employee)				12c							
Karenbury NC 08534-0090									P	555			
								1	2d	333			
								-					
										860			
	yee's address and ZIP coo					1							
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.		al income tax	(	20 Locality name		
WI	937-21	L-989	75691.67	3356.58		123306.57 2		206	0635.59		Perkins Junction		
ME	810-47	7-322	70480.13	3496.24	157744.66 2		2218	39.54	Matthew Center				

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

