F	REISSUED	a Employee's soci	al security number			Safe	, Accurate,	e D	12G		Visit the	IRS Websi	te
S	TATEMENT	04	44-61-9150	OMB	No. 1545-00	08 FAS	Γ! Use		~ f	16	at www.i	rs.gov/efile	-
b Employer identification number					1 V	1 Wages, tips, other compensation				2 Federal income tax withheld			
03-1706974						40109.45				9269.78			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Patterson-Cunningham LLC						32020.27				2449.55			
6361 Colon Brook					5 N					6 Medicare tax withheld			
						39845.11				1155.51			
	Brookeport OR 28842-9832				7 S	7 Social security tips				8 Allocated tips			
						32020.27				39845.11			
d Control number						9 Advance EIC payment			10 Dependent care benefits				
5266813										226			
e Emplo	yee's first name and initial	Last nam	е		11 N	11 Nonqualified plans			12a See instructions for box 12				
						182				D 8670			
	Paul B	seasley				13 Statutory Retirement Third-party							
8085 Dylan Stravenue					X	yee plan	sick pay			D	750		
West Teresa RI 06684-7808				14 C	14 Other (see enclosed Notice to Employee)					1			
										D	353		
								ŀ	12d		1		
										P	949		
f Emplo	oyee's address and ZIP cod	e								_	1		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	х	18 Local wages	, tips, etc.	19 L	ocal inc	come tax	(20 Locality	name
MO	428-78	-607	20839.62	1593.53		33910.7	4	4687.		7.74		White	Grove
OK	593-61	-206	20003.7	1611.35		30940.84 76		76	633.41			Daniel	Mount
Wage and Tax					Π	Department of the TreasuryInternal Revenue Service							
Form W.	.₂ Statem	ent											

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.

R	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								
ST	STATEMENT 044-61-9150 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sand this income is taxable and you fail to report it.							iction may b	e imposed on you ii			
b Employ	b Employer identification number					Vages, tips, other compensation		Federal income tax withheld				
03-1706974						40109.45	9269.78					
c Employer's name, address, and ZIP code					3 8	Social security wages	4 Social security tax withheld					
Patterson-Cunningham LLC 6361 Colon Brook Brookeport OR 28842-9832						32020.27	2449.55					
					5 N	Medicare wages and tips	6 Medicare tax withheld 1155.51					
						39845.11						
					7 5	Social security tips	8 Allocated tips					
						32020.27	39845.11					
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	5266813								226			
e Employ	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
					182			D 8670				
	Paul Beasley					tory Retirement Third-party	12b					
8085 Dylan Stravenue					employee plan sick pay			D	750			
,	West Teresa RI 06684-7808				14 (Other (see enclosed Notice to Employ	ree)	12c	1			
	West Telesa XI 00004 7000								353			
								12d				
								P	949			
f Employee's address and ZIP code							[
15 State		Employer's state ID number 16 State wages, tips, etc. 17 State income tax		3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9 Local income tax 20 Locality name					
MO	428-78	3-607	20839.62	1593.53		33910.74 4		87.74		White Grove		
ок	593-61	-206	20003.7	1611.35		30940.84	76	33.41		Daniel Mount		

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

