REISSUED a Employee's social security num	SSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website				
STATEMENT 426-78-5	642	OMB No. 1545-0008	FAST! Use		≁file >	at www.irs.gov/efile.			
b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld			
16-9380760			172227.44			33780.99			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Thomas-Williams Inc			183073.38			14005.11			
569 Judith Villages			5 Medicare wages and tips			6 Medicare tax withheld			
Knightfurt NJ 48843-2133			12097.29		4120.82				
			security tips		8 Allocated tips				
			183073.38			142097.29			
d Control number			9 Advance EIC payment			10 Dependent care benefits			
6381894						254			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Shelly Cole			133			н 2048			
			13 Statutory Retirement Third-party employee plan sick pay			1			
2625 Brenda Trail						680			
Jessicaberg AR 87282-0044			14 Other (see enclosed Notice to Employee)			Ì			
					D	431			
					12d	i			
						760			
f Employee's address and ZIP code									
15 State Employer's state ID number 16 State wag			Local wages, tips, etc	-	Local income tax	20 Locality name			
IN 337-35-185 81896.	72 3562.9	20	04015.27	32	2778.88	Miller Valleys			
DC 304-27-690 90121.	19 3303.6	9 2:	13993.86	18	336.42	Watson Drive			

Wage and Tax

Form W-2 Statement

5070

Cut here. Keep lower portion for your records.

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.

RFI	SSUED	a Employee's socia	I security number			This information is being furnis	ned to	the Internal Rev	enue Servi	ice. If you are required		
	TEMENT	42	26-78-5642	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.							
0.71	b Employer identification number				1 V	Vages, tips, other compensation	iaii to i	2 Federal income tax withheld				
16-9380760			172227.44			33780.99						
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld						
Thomas-Williams Inc			183073.38			14005.11						
569 Judith Villages				5 Medicare wages and tips			6 Medicare tax withheld					
_				142097.29			4120.82					
Knightfurt NJ 48843-2133			7 Social security tips			8 Allocated tips						
				183073.38			142097.29					
d Control number			9 Advance EIC payment			10 Dependent care benefits						
6381894			· · · · · · · · · · · · · · · · · · ·			254						
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Shelly Cole			133			н 2048						
			13 Statu			12b						
2625 Brenda Trail			emple	oyee plan sick pay			680					
Jessicaberg AR 87282-0044			14	other (see enclosed Notice to Employ	ee)	12c	I					
						D	431					
						12d						
						760						
						1,55						
1 . 7	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name		
IN	337-35	-185	81896.72	3562.9		204015.27		32778.88		Miller Valleys		
				İ								
DC	304-27	-690	90121.19	3303.69		213993.86	183	336.42		Watson 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

