| REISSUED a Employee's social security number | | Safe, Accurate, | | IRS Website | | |
|---|-----------------|---|-------------------------|---------------------------------|--|--|
| STATEMENT 813-09-2699 | OMB No. 1545-00 | 08 FAST! Use | at www.ir | rs.gov/efile. | | |
| b Employer identification number | 1 W | ages, tips, other compensation | 2 Federal income tax | Federal income tax withheld | | |
| 75-3596634 | | 51266.5 | 13848.65 | 13848.65 | | |
| c Employer's name, address, and ZIP code | 3 S | ocial security wages | 4 Social security tax v | 4 Social security tax withheld | | |
| Proctor, Prince and Holden PLC | | 66063.57 | 5053.86 | 5053.86 | | |
| 036 Thomas Curve Apt. 775 | 5 M | edicare wages and tips | | | | |
| - | | 59058.02 | | 1712.68 | | |
| Loganborough ME 27334-5359 | 7 S | ocial security tips | | 8 Allocated tips | | |
| | | 66063.57 | 59058 | 59058.02 | | |
| d Control number | 9 A | dvance EIC payment | · · | 10 Dependent care benefits | | |
| 2196306 | | | 112 | | | |
| e Employee's first name and initial Last name | | onqualified plans | 12a See instructions f | 12a See instructions for box 12 | | |
| Nicole Kirk | | 188 | G 5590 | G 5590 | | |
| | | ory Retirement Third-party yee plan sick pay | y 12b | | | |
| 81083 Mann Ridge | emplo | X Sick pay | E 273 | | | |
| Lake Rebeccaberg AZ 82207-5117 | 14 0 | ther (see enclosed Notice to Emplo | oyee) 12c | | | |
| Have Repectabely 112 02207 3117 | | | E 866 | | | |
| | | | 12d | 12d | | |
| | | | G 523 | | | |
| f Employee's address and ZIP code | | | G 323 | | | |
| | e income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |
| ME 390-72-375 23548.43 1560 | 0.88 | 65509.12 | 8229.73 | Garner Rue | | |
| | | | | | | |
| SD 285-07-087 23988.3 1543 | 3.73 | 53108.39 | 5159.93 | Gabriel Drive | | |

Wage and Tax Statement

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.

| RI | EISSUED | a Employee's socia | al security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | |
|---|--------------------------|--------------------|----------------------------|--------------------------|---|--------------------------|--------------------------------|---------------------------------|---------------|--------------|------------------|--|
| ST | ATEMENT | 83 | 13-09-2699 | OMB No | 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 Employe | er identification number | | | | 1 V | Vages, tips, other compo | ensation | | 2 Federa | l income tax | withheld | |
| 75-3596634 | | | 51266.5 | | | | 13848.65 | | | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | | 4 Social security tax withheld | | | | | |
| Proctor, Prince and Holden PLC 036 Thomas Curve Apt. 775 Loganborough ME 27334-5359 | | | 66063.57 | | | | 5053.86 | | | | | |
| | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | | |
| | | | 59058.02 | | | | 1712.68 | | | | | |
| | | | 7 Social security tips | | | | 8 Allocated tips | | | | | |
| | | | 66063.57 | | | | 59058.02 | | | | | |
| d Control | d Control number | | | 9 Advance EIC payment | | | 1 | 10 Dependent care benefits | | | | |
| 2 | 2196306 | | | | | | | | | 112 | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | 1 | 12a See instructions for box 12 | | | | |
| Nicole Kirk 81083 Mann Ridge Lake Rebeccaberg AZ 82207-5117 | | | 188 | | | | G 5590 | | | | | |
| | | | 13 Statu empl | , | Third-party sick pay | 1 | 2b | i | | | | |
| | | | СПр | X | Sick pay | | E | 273 | | | | |
| | | | 14 (| Other (see enclosed Noti | ce to Employ | ree) 1 | 2c | 1 | | | | |
| | | | | | | | E | 866 | | | | |
| | | | | | | | | 1 | 2d | | | |
| | | | | | | | | | G | 523 | | |
| £ [| ee's address and ZIP co | 4- | | | | | | | <u> </u> | 323 | | |
| 15 State | Employer's state ID n | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, | etc. | 19 Loc | al income tax | (| 20 Locality name | |
| ME | 390-72 | 2-375 | 23548.43 | 1560.88 | | 65509.12 | | 822 | 9.73 | | Garner Rue | |
| | | | | | | | | | - , | | | |
| SD | 285-07 | 7-087 | 23988.3 | 1543.73 | | 53108.39 | | 515 | 9.93 | | Gabriel 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

