REISSUED	a Employee's soci	•			Safe, A	ccurate,	0.6	7	Visit the	IRS Website	
STATEMENT	29	93-19-9219	OMB N	lo. 1545-0	008 <b>FAST!</b>	Use	G~II	le)	at www.i	rs.gov/efile.	
b Employer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld			
60-1087704					87263.69			30317.83			
c Employer's name, address, and ZIP code				3 Social security wages			4	4 Social security tax withheld			
Nelson-Shelton and Sons				98953.83			•	7569.97			
91454 Alexandra Parks				5 Medicare wages and tips			6				
Smithton MO 30211-1828			102203.89				2963.91				
Smithton MO 30211-1828				7 Social security tips				8 Allocated tips			
					98953.83			102203.89			
d Control number				9	9 Advance EIC payment			10 Dependent care benefits			
838594								162			
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12				
Henry Lee				151				P 7176			
			13 Statutory Retirement Third-party employee plan sick pay			12b		i			
44758 Salinas Viaduct				X SILK Pay				G	456		
Lake Keith NM 37089-3632				14	14 Other (see enclosed Notice to Employee)			12c			
									403		
			12d				12d				
								G	777		
f Employee's address and ZIP	code										
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, ti	os, etc.	19 Local in	come ta	(	20 Locality name	
KY 864-0	8-726	42277.84	2273.24		84971.63		13910	.65		Payne Tunnel	
WV 102-5	52-628	46780.18	1601.26		91738.67		11258	3.44		Kristine Stream	

Wage and Tax Statement

Form W-2

5070

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.

REISSUED a Employee	e's social security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	<b>STATEMENT</b> 293-19-9219 OMB N			IB 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>b</b> Employer identification number		•	1 V	Vages, tips, other compensation	1	2 Federal income tax withheld				
60-1087704				87263.69			30317.83			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Nelson-Shelton and Sons				98953.83			7569.97			
91454 Alexandra Parks				5 Medicare wages and tips			6 Medicare tax withheld			
			102203.89			2963.91				
Smithton MO 30211-1828				7 Social security tips			8 Allocated tips			
				98953.83			102203.89			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
838594				1			162			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
			151			P 7176				
Henry Lee				tory Retirement Third-party	1:	2b	1			
44758 Salinas Viaduct				employee plan sick pay			456			
Lake Keith NM 37089-3632				14 Other (see enclosed Notice to Employee)			12c			
							403			
							12d			
					'		1			
						G	777			
f Employee's address and ZIP code	140 0000 0000 0000	147 00-1-1-1-1-1		40 1	10.1		1	00 1		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		al income ta	x	20 Locality name		
KY 864-08-726	42277.84	2273.24		84971.63	139	10.65		Payne Tunnel		
WV 102-52-628	46780.18	1601.26		91738.67	1125	58.44				
10Z-3Z-0Z0	40/00.10	1001.20		91/30.0/	1123	44		Kristine Stream		

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

