| F | REISSUED a Employee's social security number | | | | Safe, Accurate, | | | | Visit the IRS Website | | | |
|---|--|------|----------------------------|------------------------|--|----------------|---------------|----------|---------------------------------|----------|------------------|--|
| S | TATEMENT | 47 | 7-12-7365 | OMB N | o. 1545-0 | 008 FAS | T! Use | G | 'file | at www.i | rs.gov/efile. | |
| b Emplo | b Employer identification number | | | | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | |
| 13-2615520 | | | | | 165319.52 | | | | 52819.94 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | |
| Allison Inc and Sons | | | | | 139481.54 | | | | 10670.34 | | | |
| 8727 Chan Lakes Suite 032 | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | |
| Torresstad WA 61243-4939 | | | | 165521.76 | | | | 4800.13 | | | | |
| Torresstad WA 61243-4939 | | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | | 139481.54 | | | | 165521.76 | | | |
| d Control number | | | | | 9 Advance EIC payment | | | | 10 Dependent care benefits | | | |
| | 8282588 | | | | | | | | 191 | | | |
| e Employee's first name and initial Last name | | | | · | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | |
| | | | | | 166 | | | | P 5580 | | | |
| | Melissa Rice | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | ' | 12b | i i | | |
| 542 Gloria Islands Suite 684 | | | | empioyee pian sick pay | | | | | | | | |
| | Katrinamouth MO 57669-0511 | | | | 14 Other (see enclosed Notice to Employee) | | | yee) | 12c | 1 | | |
| 110 0,000 001 | | | | | ! | | | | G | 897 | | |
| | | | | | | | | | 12d | | | |
| | | | | | | | | | | 519 | | |
| f Emplo | vee's address and ZIP code | 9 | | | | | | <u> </u> | | | | |
| 15 State | Employer's state ID nur | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages | s, tips, etc. | 19 Lo | ocal income tax | (| 20 Locality name | |
| NY | 098-29 | -011 | 80811.55 | 10373.72 | | 198117.37 2 | | 266 | 26686.3 | | Gibson Squares | |
| PA | 468-73 | -304 | 90840.51 | 8485.18 | | 171534 | .21 | 271 | L23.57 | | Frank Heights | |
| | | | | • | | | | | | | • | |

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.

| R | EISSUED | a Employee's soci | al security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | |
|--|---|-------------------|----------------------------|---------------------|---|---|---|---------------------------------|-------------------------------|------------------|--|--|
| ST | ATEMENT | 4 | 77-12-7365 | 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. | | | | | | | |
| b Employ | b Employer identification number | | | | | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 13-2615520 | | | | | 165319.52 | | | 52819.94 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Allison Inc and Sons | | | | | 139481.54 | | | 10670.34 | | | | |
| 8727 Chan Lakes Suite 032 | | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | |
| | | | | | 165521.76 | | | 4800.13 | | | | |
| | Torresstad WA 61243-4939 | | | | | 7 Social security tips | | | 8 Allocated tips | | | |
| | | | | | 139481.54 | | | 165521.76 | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 8282588 | | | | | | | | 191 | | | | |
| e Employ | ee's first name and initial | Last nam | е | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| , | Melissa Rice | | | | 166 | | | P 5580 | | | | |
| • | 542 Gloria Islands Suite 684 Katrinamouth MO 57669-0511 | | | | | utory Retirement Third-party loyee plan sick pay | 1 | 2b | I | | | |
| ! | | | | | | 14 Other (see enclosed Notice to Employee) | | | 956 | | | |
|] | | | | | | | | | 12c | | | |
| | | | | | ! | | | G | 897 | | | |
| | | | | | | | 1 | 2d | | | | |
| | | | | | | | | 519 | | | | |
| f Employee's address and ZIP code | | | | | T | | | | 1 | | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | 10 = 111 | | 9 Local income tax | | 20 Locality name | | |
| NY | 098-29 | 9-011 | 80811.55 | 10373.72 | | 198117.37 2 | | 26686.3 | | Gibson Squares | | |
| PA | 468-73 | 3-304 | 90840.51 | 8485.18 | | 171534.21 27 | | 27123.57 | | Frank Heights | | |

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

