REIS	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS V					RS Website		
STAT	TEMENT	05	1-38-9532	OMB	No. 1545-00	008 FAST! Us	se 🔍		at www.	irs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation			2 F	Federal income tax withheld			
46-7713022						76078.06			9494.55			
c Employer's name, address, and ZIP code					3 8	3 Social security wages			4 Social security tax withheld			
Walker-Duarte Inc						98225.68			7514.26			
64226 Heath Extension					5 N	3			6 Medicare tax withheld			
Take Kathaninahananah MM 00502 2002						56348.01			1634.09			
Lake Katherineborough TN 09583-3063					7 8	·			8 Allocated tips			
						98225.68			56348.01			
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits			
1123086						I			286			
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12			
,						297			D 8416			
Timothy Huber					13 Statu empl		Third-party sick pay	12b	i			
7449 Wilson Spur					Стр	X	Sick pay		G 173			
Marktown PA 12904-8154						14 Other (see enclosed Notice to Employee)			1			
11011100111									н 780			
								12d	12d			
									D 309			
f Employagia	s address and ZIP code	0						<u> </u>	D 309			
	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	(18 Local wages, tips,	etc. 1	19 Local inco	me tax	20 Locality name		
KY	255-80	-862	34857.7	2032.43		69711.99	.99 14		93	Campos Divide		
NV	247-25	-931	40143.39	1751.52		59264.39	8	8049.6		Holmes Inlet		

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.

REISSUED a Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT 051-38-9532	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 Employer identification number	1 Wages, tips, other compensation			Federal income tax withheld					
46-7713022	76078.06			9494.55					
c Employer's name, address, and ZIP code	3 Social security wages			4 Social security tax withheld					
Walker-Duarte Inc	98225.68			7514.26					
64226 Heath Extension	5 Medicare wages and tips			6 Medicare tax withheld					
Lake Katherineborough TN 09583-3	56348.01			1634.09					
Lake Katherineborough TN 09583-3	7 Social security tips			8 Allocated tips					
		98225.68			56348.01				
d Control number	9 Advance EIC payment			10 Dependent care benefits					
1123086					286				
e Employee's first name and initial Last name		11 Nonqualified plans 12a See instruc			structions for	box 12			
minos the same was	297			D 8416					
Timothy Huber	13 Statu		Third-party	12b					
7449 Wilson Spur	emplo	yee plan	sick pay	G	173				
Marktown PA 12904-8154	14 Other (see enclosed Notice to Employee)			12c					
Marktown PA 12904-6154				н 780					
				12d					
					D	309			
f Employee's address and ZIP code	T.= -					- 1-			
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax	2	D Locality name		
KY 255-80-862 34857.7	2032.43		69711.99 14		4544.93		ampos Divide		
NV 247-25-931 40143.39	1751.52		59264.39	80	049.6	н	olmes Inlet		

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

