REISSUED	a Employee's social security number			Safe,	Accurate,			Visit the I	RS Website		
STATEMENT	159-13-4021	OMB N	o. 1545-00	08 FAST	! Use	e fi	6	at www.ir	s.gov/efile.		
b Employer identification number			1 W	1 Wages, tips, other compensation			2 Federal income tax withheld				
46-0698337				173947.97				23241.84			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Campbell and Sons and Sons			206106.24				15767.13				
67253 Craig Mills Suite 031			5 Medicare wages and tips				6 Medicare tax withheld				
Thompsonbury CA 70782-8107			154048.97				4467.42				
			7 Social security tips				8 Allocated tips				
				206106.24				154048.97			
d Control number			9 A	dvance EIC paym	ent	10	Depend	ent care be	nefits		
4176629							147				
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12				
Elizabeth Hammond			104				н 4317				
			13 Statutory Retirement Third-party employee plan sick pay			12b	1				
7408 Timothy Extensions			empic	yee plan	X			233			
West Dusti	14 Other (see enclosed Notice to Employee)				i						
West Dustinmouth SC 46396-4655							н	432			
						12d	12d				
							P	164			
f Employee's address and ZIP code											
15 State Employer's state ID nun	nber 16 State wages, tips, etc.	17 State income tax	•	18 Local wages	tips, etc.	19 Local inc	come tax		20 Locality name		
HI 508-98	-746 87876.97	5073.4		193341.	9	30397	.53		Kristina Stravenue		
SC 131-30	-752 90051.0	4658.92		153269.	21	24434	.56		Douglas Terrace		

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.

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	1.	59-13-4021	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	er identification number				1	Wages, tips, other compensation		2 Federal income tax withheld			
46-0698337				173947.97			23241.84				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Campbell and Sons and Sons				206106.24			15767.13				
67253 Craig Mills Suite 031			5 Medicare wages and tips			6 Medicare tax withheld					
Thompsonbury CA 70782-8107					154048.97	4467.42					
				7 Social security tips			8 Allocated tips				
					206106.24			154048.97			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
4176629							147				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Elizabeth Hammond			104 13 Statutory Retirement Third-party			н 4317					
				employee plan sick pay			12b	1			
7408 Timothy Extensions					X			233			
West Dustinmouth SC 46396-4655			14	Other (see enclosed Notice to Employ	yee)	12c	1				
			1			н	432				
						12d					
							P	164			
f Employee's address and ZIP code				Transition in the second	1			Lag i iii			
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income to		20 Locality name	
HI	508-98	3-746	87876.97	5073.4		193341.9	30	397.53		Kristina Stravenue	
sc	131-30	-752	90051.0	4658.92		153269.21	24	434.56	;	Douglas Terrace	

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

