REISSUED a Employee	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website				
STATEMENT	817-39-7169	OMB N	o. 1545-00	98 FAST! Use		≁file)	at www.irs	s.gov/efile.
b Employer identification number			1 W	ages, tips, other compens	ation	2 Federa	l income tax v	withheld
55-2351044			78951.72			26297.58		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld		
Hamilton-Booker PLC			56591.69			4329.26		
614 Robles Fork Dianefurt SC 33728-5676			5 Medicare wages and tips			6 Medicare tax withheld		
			101281.72			2937.17		
			7 Social security tips			8 Allocated tips		
			56591.69			101281.72		
d Control number			9 Advance EIC payment			10 Dependent care benefits		
8024909						279		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12		
Jeffrey Marsh			183			E 8599		
			13 Statutory Retirement Third-party employee plan sick pay			12b	1	
09465 Wyatt Ford						D	216	
South Josephside WI 83347-5658			14 Other (see enclosed Notice to Employee)			12c		
							489	
						12d		
						-	0.00	
							966	
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	L	18 Local wages, tips, etc	19	Local income tax	,	20 Locality name
PA 423-66-882	40762.32	1422.6		96674.19	-	367.81		Hill Alley
	40702.32	1422.0		JUU/4.13	93	, , , , , , , , , , , , , , , , , , ,		mil wileh
AL 181-03-744	42896.04	1978.39	98337.47		11	11601.91		Potts Run

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.

REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	8:	17-39-7169	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				Wages, tips, other compensation			Federal income tax withheld			
55-2351044				78951.72			26297.58			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Hamilton-Booker PLC				56591.69			4329.26			
614 Robles Fork				5 Medicare wages and tips			6 Medicare tax withheld			
Dianefurt SC 33728-5676			101281.72			2937.17				
			7 Social security tips			8 Allocated tips				
				56591.69			101281.72			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
8024909								279		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Jeffrey Marsh			183			E 8599				
			13 State	utory Retirement Third- loyee plan sick pa		12b	ı			
09465 Wyatt Ford			emp	loyee plan sick pa	iy	D	216			
South Josephside WI 83347-5658				14 (Other (see enclosed Notice to En	ployee)	12c	1		
South Josephside WI 53347 3036							489			
						12d	103			
							966			
f Employee's address and ZIP c										
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	1.0	Local income to	ax	20 Locality name	
PA 423-6	6-882	40762.32	1422.6		96674.19	9:	367.81		Hill Alley	
AL 181-0	3-744	42896.04	1978.39		98337.47		11601.91		Potts Run	

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

