F	REISSUED	a Employee's socia	l security number				Safe, Accu	irate,	e~fi		Visit the	IRS Webs	ite	
S	TATEMENT	23	80-30-4587	OMB N	o. 1545-	8000	FAST! Us	e	5~ III		at www.i	rs.gov/efile	١.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
98-9382058					64725.12				1	18667.58				
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4	4 Social security tax withheld				
Hobbs Inc Ltd					54457.16				4	4165.97				
2723 Conner Pike Suite 928 East Victoria VT 83990-0880					5 Medicare wages and tips				6					
					50775.79					1472.5				
					7 Social security tips				8					
					54457.16					50775.79				
d Contro					9 Advance EIC payment				10	10 Dependent care benefits				
6905136										288				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12					
					106				G 8812					
	James Mann					13 Statutory Retirement Third-party employee plan sick pay					i			
5956 Rogers Grove Port Vincent MD 71094-0804					14 Other (see enclosed Notice to Employee)					H	992			
									e) 12c		I			
										E	854			
								12d		Ī				
										P	177			
	yee's address and ZIP cod													
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Loca	al wages, tips, e	etc.	19 Local inc	come tax	:	20 Locality	name	
IA	549-75	-723	29597.81	3022.7		731	42.67		11353	. 35		Melissa	Circle	
WA	002-95	-546	34712.97	2932.36		512	58.62		12263	. 63		Miles	Cove	

Wage and Tax

Form W-2 Statement

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.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
	ATEMENT	2	30-30-4587	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 Employe	er identification number			JI.	1 \	Vages, tips, other compensation		2 Federal income tax withheld			
98-9382058						64725.12	18667.58				
c Employer's name, address, and ZIP code					3 5	Social security wages	4 Social security tax withheld				
Hobbs Inc Ltd						54457.16	4165.97				
2723 Conner Pike Suite 928 East Victoria VT 83990-0880					5 1	Medicare wages and tips	Medicare tax withheld				
						50775.79	1472.5				
					7 9	Social security tips	8 Allocated tips				
						54457.16	50775.79				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
6905136								288			
e Employe	e Employee's first name and initial Last name					lonqualified plans	12a See instructions for box 12				
	James Mann					106			G 8812		
						tory Retirement Third-party	12b				
5956 Rogers Grove Port Vincent MD 71094-0804					employee plan sick pay			H	992		
					14 (Other (see enclosed Notice to Employ	12c				
									854		
								12d			
								120	ı		
							F	P 177			
f Employee's address and ZIP code											
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax	3, , , , .,		19 I	Local incom	e tax	20 Locality name	
IA	549-75	5-723	29597.81	3022.7	73142.67		11	353.3	35	Melissa Circle	
WA	002-95	5-546	34712.97	2932.36		51258.62	12	263.6	3	Miles Cove	

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

