REISSUED	Employee's social security number		Safe, Accurate, Visit the IRS Website						
STATEMENT	525-97-4217	OMB No	o. 1545-000	98 FAST! Use			at www.	irs.gov/efile.	
b Employer identification number			1 W	ages, tips, other comper	nsation	Federal income tax withheld			
45-4121008				171343.52		51567.52			
c Employer's name, address, and ZIP code				ocial security wages		4 Social security tax withheld			
Patterson PLC Ltd				174743.23		13367.86			
49636 Jessica Keys Apt. 204				edicare wages and tips		6 Medicare tax withheld			
South Christinaton KY 13418-2831				156651.9		4542.91			
South Chilstinaton Ki 13410-2031				ocial security tips		8 Allocated tips			
				174743.23		156651.9			
d Control number			9 Ac	dvance EIC payment		10 De	ependent care b	penefits	
5652330							272		
e Employee's first name and initial	Last name		11 No	onqualified plans		12a Se	ee instructions	for box 12	
Megan Matthews				200			G 3956		
				ory Retirement yee plan	Third-party sick pay	12b	ı		
57460 Welch Squares				, so plan	olok pay	Ι	D 937		
West Andrea IL 44081-6106				ther (see enclosed Notic	e to Employee)	12c	İ		
						E	457		
						12d			
							356		
f Employee's address and ZIP code		1							
15 State Employer's state ID num	5	17 State income tax		18 Local wages, tips, e		Local incom		20 Locality name	
MT 445-39-	-373 79110.39	5851.46	150841.91 1		.9494.37		Mendoza Coves		
WV 332-16-	-201 78769.85	5711.47		203365.8	3	3738.8	35	Price Ports	

Wage and Tax

5070 **Statement**

Department of the Treasury--Internal Revenue Service

Form W-2 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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	5:	25-97-4217	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					2 Federal income tax withheld				
45-4121008					171343.52					51567.52			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld					
Patterson PLC Ltd				174743.23					13367.86				
49636 Jessica Keys Apt. 204				5 Medicare wages and tips				6 Medicare tax withheld					
South Christinaton KY 13418-2831					156651.9					4542.91			
					7 Social security tips					8 Allocated tips			
					174743.23				156651.9				
d Control number					9 Advance EIC payment					10 Dependent care benefits			
5652330										272			
e Employee's first name and initial Last name			11 Nonqualified plans					12a See instructions for box 12					
Megan Matthews				200				G 3956					
				13 Statutory Retirement Third-party					12b				
57460 Welch Squares				em	ployee	plan	sick pay			D	937		
_				14	Other (see	e enclosed N	otice to Employ	vee)	12c				
West Andrea IL 44081-6106							,,		_	1			
									E	457			
										12d		Ī	
							356						
	oyee's address and ZIP coo												
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax					9 Local income tax		20 Locality name		
MT	445-39	9-373	79110.39	5851.46		150841.91 1		19	19494.37			Mendoza Coves	
wv	332-16	5-201	78769.85	5711.47		203365.8		33	33738.85			Price Ports	

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

