REISSUED a Empl	oyee's social security number		Safe, Accurate, Visit the IRS Website					RS Website			
STATEMENT	889-73-3072	OMB N	o. 1545-0	008 FAST! Use			e	at www.ir	s.gov/efile.		
b Employer identification number			1 '	Wages, tips, other compen	sation	2	Federal i	ncome tax	withheld		
76-2249604				167224.69			23224.07				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Collins LLC and Sons				177984.57			13615.82				
65016 Kelly Hills				5 Medicare wages and tips				6 Medicare tax withheld			
New Daniel ME 96589-6006				185732.24				5386.23			
New Daniel Mr. 96589-6006				7 Social security tips			8 Allocated tips				
				177984.57			185732.24				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
755280							130				
e Employee's first name and initial	Last name		11	Nonqualified plans		12a	See inst	ructions f	or box 12		
			111			G 4602					
Nicole Molina				13 Statutory Retirement Third-party employee plan sick pay							
4207 Anderson Bypass Suite 408				loyee plan	sick pay		G	901			
Martinton WA 20122-3483			14 Other (see enclosed Notice to Employee)			12c	<u> </u>				
							D	960			
						12d					
							н	693			
f Employee's address and ZIP code								0,5,5			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc	c. 19	Local inc	ome tax		20 Locality name		
MS 495-84-665	80831.73	5197.02		165121.6	3:	3338	.77		Graham Islands		
IA 774-26-358	81899.69	6742.24		216706.35	2:	2487	. 65		Robert Inlet		

Wage and Tax

Form W-2 Statement

5010

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	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S1	TATEMENT	8	89-73-3072	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				
76-2249604					167224.69			23224.07			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Collins LLC and Sons				177984.57			13615.82				
65016 Kelly Hills				5 Medicare wages and tips			6 Medicare tax withheld				
New Daniel ME 96589-6006			185732.24			5386.23					
New Daniel ME 96589-6006				7 Social security tips			8 Allocated tips				
				177984.57			185732.24				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
755280							130				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Nicole Molina			111			G 4602					
			13 Stat			12b					
4207 Anderson Bypass Suite 408			emp	loyee plan sick pay		G	901				
			14	Other (see enclosed Notice to Employ	(00)	12c	JU1				
Martinton WA 20122-3483				Other (see enclosed Notice to Employ	66)						
						D	960				
						12d	ĺ				
							H	693			
	yee's address and ZIP coo	le									
15 State	Employer's state ID no	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	ocal income ta:	(20 Locality name	
MS	495-84	1-665	80831.73	5197.02		165121.6		3338.77		Graham Islands	
IA	774-26	5-358	81899.69	6742.24		216706.35	224	487.65		Robert 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

