INDIGOUD	ocial security number		Safe, Accurate, Visit the IRS Websit						IRS Website		
STATEMENT	051-13-9779	OMB N	o. 1545-0	008 FAST! Us	e	5~ _	II E	at www.i	rs.gov/efile.		
b Employer identification number			1 \	1 Wages, tips, other compensation				Federal income tax withheld			
13-0039895				47128.05				14717.05			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Mcbride PLC Inc				37426.61				2863.14			
143 Newman Well				5 Medicare wages and tips				6 Medicare tax withheld			
New Derek HI 19069-9794				57566.29				1669.42			
New Derek HI 19069-9/94				7 Social security tips				8 Allocated tips			
				37426.61			57566.29				
d Control number				9 Advance EIC payment 10 Dependent care benefits					enefits		
7813447								116			
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12				
Alyssa Smith			167				3498				
			13 Statutory Retirement Third-party employee plan sick pay				12b				
12189 Solis Ramp				empoyee plan glock play				D 419			
Lake Waltertown NC 27978-5025				14 Other (see enclosed Notice to Employee)				12c			
								н 489			
							12d				
				!				264			
f Employee's address and ZIP code						-	E				
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		19 Local	income tax	20 Locality name			
TN 700-48-650	22562.34	1678.6		49271.67		5862.51			Stewart Groves		
WV 432-69-741	25373.32	1674.62		35745.32 9		9172.01			Bell Ridge		

Wage and Tax

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.

F	REISSUED	a Employee's soci	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	TATEMENT	0.	51-13-9779	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number				 Wages, tips, other compensation 				Federal income tax withheld				
13-0039895					47128.05				14717.05			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Mcbride PLC Inc					37426.61				2863.14			
143 Newman Well					5 Medicare wages and tips				6 Medicare tax withheld			
New Derek HI 19069-9794				57566.29				1669.42				
				7 Social security tips				8 Allocated tips				
					37426.61				57566.29			
d Control number				9 Advance EIC payment				10 Dependent care benefits				
7813447								116				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
Alyssa Smith				167				3498				
				13 Stat	,	ement Third-party		12b		1		
12189 Solis Ramp				employee plan sick pay				D 419				
Lake Waltertown NC 27978-5025				14 Other (see enclosed Notice to Employee)				12c				
have warter town NC 27978-3023								н	489			
						ŀ	12d		403			
											1	
									E 264			
f Employee's address and ZIP code				T						1		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		10 = 200 mages, aps, 200			9 Local income tax			20 Locality name
TN	700-48	3-650	22562.34	1678.6		49271.	67	58	62	51		Stewart Groves
WV	432-69	9-741	25373.32	1674.62		35745.32 91		91	9172.01			Bell Ridge

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

