REISSUED a Employee's social security number		Safe, Accurate,				Visit the	IRS Websi	te	
STATEMENT 156-72-229	0 4 OMB N	lo. 1545-000	8 FAST! Use	G~I		at www.ii	s.gov/efile	=	
b Employer identification number	·	1 Wa	ages, tips, other compensation	2	Federal	income tax	withheld		
51-1101567			242386.36			54904.49			
c Employer's name, address, and ZIP code		3 So	cial security wages	4	Social s	ecurity tax	withheld		
Campbell Ltd and Sons			175940.88			13459.48			
3318 Melissa Street Suite 537			5 Medicare wages and tips			6 Medicare tax withheld			
Lake Joel AK 06090-8212			232544.71		6743.8				
			cial security tips	8	8 Allocated tips				
			175940.88				44.71		
d Control number		9 Ad	vance EIC payment	10	Depend	ent care be	enefits		
7446393	184								
e Employee's first name and initial Last name		11 No	nqualified plans	12a	See ins	tructions f	or box 12		
a) a			204			н 7150			
Sherry Spencer		13 Statuto		y 12b					
6049 Cain Square	employee plan sick pay			H	620				
Bakerport WA 68676-1728			14 Other (see enclosed Notice to Employee)						
						805			
				12d	 				
					H	431			
f Employee's address and ZIP code									
15 State Employer's state ID number 16 State wages, t	ips, etc. 17 State income tax	18 Local wages, tips, etc.		19 Local i	19 Local income tax		20 Locality	name	
AZ 328-13-258 123540.2	24 5915.3	196004.94 40		46583	6583.69		Jones	Flat	
NM 678-96-399 130367.0	5488.91	:	245840.25	3994	7.9		Jerry	Way	

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.

	REISSUED FATEMENT	a Employee's soci	al security number 56-72-2294	OMB N	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 this income is taxable and you fail to report it.							
b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld					
51-1101567				242386.36			54904.49					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Campbell Ltd and Sons					175940.88			13459.48				
3318 Melissa Street Suite 537				5 N	Medicare wages and tips	6 Medicare tax withheld						
Lake Joel AK 06090-8212			232544.71			6743.8						
			7 Social security tips			8 Allocated tips						
				175940.88			232544.71					
d Control number			9 Advance EIC payment			10 Dependent care benefits						
7446393							184	184				
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box				for box 12					
Sherry Spencer 6049 Cain Square			204 13 Statutory Retirement Third-party employee plan sick pay			н 7150 н 620						
Bakerport WA 68676-1728			14 (Other (see enclosed Notice to Employ	/ee)	12c						
						805						
								12d	1			
								F	431			
	yee's address and ZIP coo		•									
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local incom		20 Locality	name	
AZ	328-13	3-258	123540.24	5915.3		196004.94	46	583.	59	Jones	Flat	
NM	678-96	5-399	130367.08	5488.91		245840.25	39	947.9	9	Jerry	Way	

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

