RE	EISSUED a Employee's social security number				Safe, Accurate, Visit the IF				IRS Website				
ST	ATEMENT	83	88-95-1237	OMB I	No. 1545-00	800	FAST! Use		~ III	E	at www.ii	rs.gov/efile.	
b Employe	er identification number				1 \	1 Wages, tips, other compensation			2 Federal income tax withheld				
52-7846836						136750.11				15601.9			
c Employer's name, address, and ZIP code					3 5	3 Social security wages				4 Social security tax withheld			
Campbell-Bailey PLC						157542.24				12051.98			
1998 Kaylee Falls					5 1					6 Medicare tax withheld			
_						175634.34				5093.4			
M	Moonfurt OK 85303-8479					7 Social security tips				8 Allocated tips			
						157542.24			175634.34				
d Control number					9 /	9 Advance EIC payment			10 Dependent care benefits				
488394									286				
e Employee's first name and initial Last name					11 1	11 Nonqualified plans			12a See instructions for box 12				
_		_			295				1015				
Laura Duncan					13 Statutory Retirement Third-party employee plan sick pay			12b					
76543 Ronald Motorway Suite 260						x			519				
West Andreland GA 23374-7056						14 Other (see enclosed Notice to Employee)			12c	12c			
										D	776		
									12d				
											872		
	ee's address and ZIP cod		т .	T -		1							
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			wages, tips, etc	1	Local inco			20 Locality name	
LA	202-59	-774	69605.56	4355.96		1310	05.25	14	4105.	81		Martinez Inlet	
SD	258-61	-888	70491.93	3833.76		1552	60.1	24	4056.	45		Dominic Village	

Wage and Tax Statement

Form W-2

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.

REISSUED	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	STATEMENT 838-95-1237 OMB N				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			
52-7846836		136750.11		15	15601.9						
c Employer's name, address, an	3 S	3 Social security wages			4 Social security tax withheld						
Campbell-Bailey PLC					157542.24			12051.98			
1998 Kaylee Falls					edicare wages and tips	;	6 N	• modicaro tax mumora			
_		05202 0470			175634.34			5093.4			
Moonfurt	Moonfurt OK 85303-8479						8 A	8 Allocated tips			
					157542.24			175634.34			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
488394								286			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
					295			1015			
Laura Duncan					13 Statutory Retirement Third-party			12b			
76543 Ronald Motorway Suite 260					employee plan sick pay			519			
West Andr	14 C	ther (see enclosed Not	ice to Employee	e) 12c	12c						
West Andreland GA 23374-7056								D 776			
							12d				
					872						
								0/2			
f Employee's address and ZIP c 15 State Employer's state ID		16 State wages, tips, etc.	17 State income t	tax	18 Local wages, tips,	etc. 1	9 Local inco	me tax	20 Locality name		
LA 202-5	9-774	69605.56	4355.96		131005.25		L4105.	81	Martinez Inlet		
			†						†		
SD 258-6	1-888	70491.93	3833.76		155260.1	2	24056.	45	Dominic Village		

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

