REISSUED	a Employee's socia	•		Safe, Accurate, OMB No. 1545-0008 FASTI Use					RS Website			
STATEMENT	81	.5-14-3849	OMB No	. 1545-00	800	FAST! Use	J		at	www.ir	s.gov/efile.	
b Employer identification number				1 \	Vages, tips	, other compensation		2 Fe	ederal inco	ome tax	withheld	
47-6303247					171565.48				23817.23			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Norman-Hall and Sons				195325.38				14942.39				
1931 William Squares				5 Medicare wages and tips				6 Medicare tax withheld				
Port Brian MD 97961-7693					137136.03				3976.94			
Port Brian MD 9/961-7693				7 Social security tips				8 Allocated tips				
					195325.38				137136.03			
d Control number					9 Advance EIC payment			10 Dependent care benefits				
3771163								254				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
				267				P 8273				
Philip Robertson				13 Statutory Retirement Third-party employee plan sick pay				12b	1			
8606 Andrea Island					X X SICK PAY			P 147				
Norrisport HI 37922-9330					14 Other (see enclosed Notice to Employee)				12c			
								I	D 855			
							İ	12d				
								I	s 7	60		
f Employee's address and ZIP coo	de						ŀ		I			
15 State Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Loca	wages, tips, etc.	19 L	_ocal incon	ne tax		20 Locality name	
NM 105-24	1-896	89710.41	8349.19		1774	24.41	32	377.	12		English Crest	
NV 847-92	2-597	77995.15	6579.93		2011	.98.4	27	278.	35		Emily Cape	

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	a Employee's socia	al security number			This information is being furnis						
STATEMENT	83	L5-14-3849	OMB N	MB 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 V	Vages, tips, other compensation	2	2 Federal income tax withheld				
47-6303247					171565.48		23817.23				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Norman-Hall and Sons				195325.38			14942.39				
1931 William Squares Port Brian MD 97961-7693				5 N	ledicare wages and tips	6	6 Medicare tax withheld				
					137136.03		3976.94 8 Allocated tips				
				7 8	ocial security tips	8					
					195325.38		137136.03				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
3771163								254			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Philip Robertson				267 13 Statutory Retirement Third-party			P 8273				
8606 Andrea Island				employee plan sick pay			P 147				
Norrisport HI 37922-9330					Other (see enclosed Notice to Employ	ree) 12	12c				
							D 855				
								12d			
								760			
f Employee's address and ZIP of		140 00000000000000000000000000000000000	17 State income tax		40 1	140 1	income ta		Loo Language		
15 State Employer's state ID		16 State wages, tips, etc.			18 Local wages, tips, etc.			x	20 Locality name		
NM 105-2	4-896	89710.41	8349.19		177424.41 32		2377.12		English Crest		
NV 847-9	2-597	77995.15	6579.93		201198.4	2727	8.35		Emily Cape		

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

