INEIOOOED . ,	cial security number			Safe, Acc	urate,	0	7	Visit the	IRS Website	
STATEMENT 7	27-05-1863	OMB N	o. 1545-0	008 FAST! Us	e e	5~ II	1e	at www.i	rs.gov/efile.	
b Employer identification number			1 \	Wages, tips, other comp	ensation	2	Federa	l income tax	withheld	
67-1184228				219967.91			46879.32			
c Employer's name, address, and ZIP code			3 Social security wages			4	4 Social security tax withheld			
Thomas and Sons Inc				197010.95			15071.34			
37382 Walker Port Apt. 162			5 Medicare wages and tips			6				
Port Patrick CA 36553-6310			230752.15				6691.81			
PORT PATRICK CA 30555-0510			7 Social security tips			8	8 Allocated tips			
				197010.95			230752.15			
d Control number			9 Advance EIC payment			10	10 Dependent care benefits			
9160771								139		
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12			
Brian Golden			187				8645			
Brian Goiden			13 Statu	itory Retirement	Third-party sick pay	12b		1		
207 Olsen Port			Cinp	J Jan	Sick pay		D	365		
New Megan UT	48479-0160		14 (Other (see enclosed Not	ce to Employe	ee) 12c		1		
New Megan 01 40179 0100								945		
						12d	12d			
							G	562		
f Employee's address and ZIP code										
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	!	18 Local wages, tips,	etc.	19 Local in	ncome tax	(20 Locality name	
NH 330-93-678	112657.23	13121.88		273031.11		43564	.45		Amy Trafficway	
NV 568-23-299	107311.11	12775.25		217148.65		41239	9.2		Thomas Hills	

Wage and Tax

Form W-2 Statement

5010

Cut here. Keep lower portion for your records.

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.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
	ATEMENT	72	27-05-1863	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			1 Wages, tips, other compensation			Federal income tax withheld					
67-1184228				219967.91			46879.32				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Thomas and Sons Inc				197010.95			15071.34				
37382 Walker Port Apt. 162 Port Patrick CA 36553-6310			5 Medicare wages and tips			6 Medicare tax withheld					
			230752.15			6691.81					
			7 Social security tips			8 Allocated tips					
				197010.95			230752.15				
d Control	number				9 A	dvance EIC payment		10 Depend	dent care be	enefits	
9	9160771								139		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Brian Golden			187			8645					
1	BITAII GOIG	(C11			13 Statut emplo			12b	ĺ		
2	207 Olsen	Port			ompie	yes plan Giorpey		D	365		
יו	New Megan	UT	48479-0160		14 C	ther (see enclosed Notice to Employe	ee)	12c	i		
10175 0100							945				
								12d			
								G	562		
f Employ	ee's address and ZIP cod	е							•		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lc	ocal income tax	(20 Locality name	
NH	330-93	-678	112657.23	13121.88		273031.11	435	564.45		Amy Trafficway	
NV	568-23	-299	107311.11	12775.25		217148.65	412	239.2		Thomas Hills	

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

