REISSUED a Employee's soci	•		Safe, Accurate, Visit the IRS Website							
STATEMENT 0	41-12-6690	OMB N	o. 1545-00	008 FAST! Use	6	file	at www.i	rs.gov/efile		
b Employer identification number			1 \	Vages, tips, other compensation	2	2 Federal	l income tax	withheld		
39-2715782				71579.85			12398.46			
c Employer's name, address, and ZIP code			3 5	Social security wages	4	4 Social s	security tax	withheld		
Crosby Inc Inc				79362.84			6071.26			
284 Heather Drives Maytown WV 16397-0524			5 Medicare wages and tips			6 Medicare tax withheld				
				91621.2		2657.01				
			7 Social security tips			8 Allocated tips				
				79362.84			9162			
d Control number			9 /	Advance EIC payment	10	D epend	dent care be	enefits		
1795218						125				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Daniel Thompson			116			E 7777				
			13 Statutory Retirement Third-party employee plan sick pay			12b				
677 Robertson Run			X	· — — ·		E	683			
Jamiefort ID	70505-5286		14 (Other (see enclosed Notice to Employ	ree) 12	2c				
Jamierort ID /0505-5266						G	854			
						12d				
					''	zu	ĺ			
							750			
f Employee's address and ZIP code	1 -			1				ı		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		al income tax		20 Locality	name	
KS 052-66-566	35193.86	2885.05		60747.45	7793	3.98		Reyes	Isle	
IA 063-31-323	38699.69	2982.04		51505.82	1306	64.76		Jacquelin	e Stream	

Wage and Tax

Form W-2 Statement

5010

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.

D	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
	ATEMENT		41-12-6690	OMB N	OMP No. 1545 0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if						
	yer identification number				this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld						
39-2715782				71579.85			12398.46				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Crosby Inc Inc				79362.84			6071.26				
284 Heather Drives				5 Medicare wages and tips			6 Medicare tax withheld				
Maytown WV 16397-0524			91621.2			2657.01					
			7 Social security tips			8 Allocated tips					
				79362.84			91621.2				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
1795218						125					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Daniel Thompson			116			E 7777					
			13 State			12b	1				
677 Robertson Run			X emp	oyee plan sick pay		E	683				
Jamiefort ID 70505-5286				14	Other (see enclosed Notice to Employ	ree)	12c	1			
						G 854					
					ŀ	12d	9 034				
								124	ĺ		
							750				
	yee's address and ZIP cod			_			, .				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3, , , ., .,		9 Local income tax		20 Locality name	
KS	052-66	5-566	35193.86	2885.05		60747.45 7		793.98		Reyes Isle	
IA	063-31	323	38699.69	2982.04		51505.82	13	064.7	76	Jacqueline Stream	

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

