R	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website								
ST	TATEMENT	15	55-33-3328	OMB N	o. 1545	-0008	FAST! Us	e	5	file	at www.i	irs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
65-2430126						132260.14				45194.78			
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld			
Richardson-Hart Ltd					158327.46					12112.05			
681 Jonathan Prairie Beckmouth NC 97577-1434					5 Medicare wages and tips				6	6 Medicare tax withheld			
					160080.97					4642.35			
Beckmouth NC 9/5//-1434					7 Social security tips				8	8 Allocated tips			
						158327.46				160080.97			
d Contro					9 Advance EIC payment			10	10 Dependent care benefits				
	9859731										229		
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12				
Jacob Robinson 7602 Bentley Villages Phillipsmouth SC 43175-7155					223					4966			
					13 Statutory Retirement Third-party employee plan sick pay				12	2b			
										P	177		
					14	14 Other (see enclosed Notice to Employee)				2c			
										~	900		
									11	G 900			
									''	:u			
										Н	136		
	yee's address and ZIP cod		T -	T								1	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			cal wages, tips,			l income ta		20 Locality nam	ıe
IN	232-98	-114	71898.57	3150.25		120	809.99		1578	35.03		Amanda We	e11
VA	812-00	-013	70919.43	3028.07		160	106.59		2628	32.94		Reynolds Isla	ands

Wage and Tax
Form W-2 Statement

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.

F	REISSUED	a Employee's socia	al security number		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							
S	TATEMENT	15	55-33-3328	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	2 Federal income tax withheld					
65-2430126						132260.14	45194.78					
c Emplo	yer's name, address, and	3	Social security wages	4 Social security tax withheld								
Richardson-Hart Ltd						158327.46	12112.05					
681 Jonathan Prairie						Medicare wages and tips	6 Medicare tax withheld 4642.35					
						160080.97						
Beckmouth NC 97577-1434					7	Social security tips	8 Allocated tips					
						158327.46	160080.97					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	9859731								229			
e Emplo	e Employee's first name and initial Last name					Nonqualified plans	12a See instructions for box 12					
	Jacob Robinson					223	4966					
						tutory Retirement Third-party	12b	i				
7602 Bentley Villages Phillipsmouth SC 43175-7155					employee plan sick pay			P	177			
					14	Other (see enclosed Notice to Emplo	12c					
							G	900				
								12d				
									136			
	f Employee's address and ZIP code								'			
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income	tax	20 Locality name		
IN	232-98	3-114	71898.57	3150.25		120809.99	15	785.0	3	Amanda Well		
VA	812-00	0-013	70919.43	3028.07		160106.59	26	282.9	4	Reynolds Islands		

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

