REISSUED a Employee's social securion 206-3	ty number 3-8882	OMB No	o. 1545-	8000	Safe, Acci	4135	e~	file		IRS Websiters.gov/efile.	Э		
b Employer identification number  32-4014738			1 Wages, tips, other compensation 86414.66				2	2 Federal income tax withheld 15275.92					
c Employer's name, address, and ZIP code			3 Social security wages					4 Social security tax withheld					
Clark, Mccoy and Hill Inc				92689.31					7090.73				
34844 Herrera Pine			5 Medicare wages and tips 106848.89					6 Medicare tax withheld 3098.62					
Wilsonton AK 38533-4934			7 Social security tips				8	8 Allocated tips					
				92689.31					106848.89				
d Control number			9	Advance E	IC payment		10	Deper	ndent care be	enefits			
2775328									143				
e Employee's first name and initial Last name			11 Nonqualified plans				12	12a See instructions for box 12					
Natasha Banks			101				P 9089						
			13 Sta		Retirement	Third-party	12	b	1				
1468 Winters Heights Suite 855				nployee	plan	sick pay			529				
Bakershire NJ 82136-5161			14	Other (see	enclosed Noti	ce to Employe	ee) 12	С	ı				
									856				
							12	12d					
								P	510				
f Employee's address and ZIP code									1				
15 State Employer's state ID number 16 Sta	ate wages, tips, etc.	17 State income tax		18 Loca	al wages, tips,	etc.	19 Loca	income ta	X	20 Locality r	name		
CA 610-80-581 467	69.89	3879.58		9563	35.32		1716	5.45		Rachel	Pine		
AK 767-16-709 475	27.70	4212.73		007	37.47		1500	2 06					
AK 767-16-709 475	27.79	4212.73		9075	01.41		T 2 3 2	2.06		Dennis H	ıghway		

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required									
S	TATEMENT	20	06-33-8882	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>b</b> Emplo	<b>b</b> Employer identification number				Wages, tips, other compensation						l income ta	x withheld		
32-4014738					86414.66				15275.92					
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld						
Clark, Mccoy and Hill Inc				92689.31				7090.73						
34844 Herrera Pine				5 Medicare wages and tips				6 Medicare tax withheld						
				106848.89				3098.62						
Wilsonton AK 38533-4934					7 Social security tips				8 Allocated tips					
					92689.31				106848.89					
d Control number					9 Advance EIC payment					10 Dependent care benefits				
2775328									143					
e Employee's first name and initial Last name			11 Nonqualified plans					12a See instructions for box 12						
Natasha Banks			101				P 9089							
			13 Stat	,		,	12b							
1468 Winters Heights Suite 855				emp	loyee plan	sick pay				529				
Bakershire NJ 82136-5161				14	Other (see enclosed	Notice to Emplo	yee)	12c						
Bakershire NJ 62136-5161									856					
							12d		656					
								120		l				
								P 510						
f Emplo 15 State	oyee's address and ZIP coo		I 40 Otataaaaa tiaa ata	17 State income tax		140		40	Local inc			00 1		
			16 State wages, tips, etc.			18 Local wages,						20 Locality		
CA	610-80	7-581	46769.89	3879.58		95635.32	<u> </u>	17	165	. 45		Rachel	Pine	
AK	767-16	5-709	47527.79	4212.73		90737.4	7	15	992	.06		Dennis H	lighway	

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

