REISSUED a Employee's social security number						Safe, Acc	100	0.4	7		IRS Websi			
	TATEMENT	05	53-95-1581	OMB I	No. 1545-00						rs.gov/efile	-		
b Employer identification number						1 Wages, tips, other compensation				Federal income tax withheld				
50-0393242						227545.35			47099.24					
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Roberts-Wu and Sons						222009.77				16983.75				
174 Tracey Garden						5 Medicare wages and tips			6 Medicare tax withheld					
_						227273.46				6590.93				
Hallfurt HI 89144-8440					7 S					8 Allocated tips				
						222009.77				227273.46				
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits					
	7349420						226							
e Employee's first name and initial Last name					11 N	11 Nonqualified plans				12a See instructions for box 12				
Ian Fowler 60704 Mata Stravenue						173				н 3142				
					13 Statut		Third-party	12b		i i				
					empic	x				651				
South Johnview ME 61501-8454						ther (see enclosed Not	ice to Employee	e) 12c		ĺ				
									Н	852				
									12d					
									P	459				
f Emplo	yee's address and ZIP cod	e								100				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	(18 Local wages, tips,	etc.	19 Local ii	ncome tax	(20 Locality	name		
MN	501-71	-922	124429.63	13596.5		293380.79	4	42083	3.65		Rangel	Ferry		
NH	846-99	-597	113564.81	11204.67		173190.09	:	33133	133.46		Wilson	Hills		
Wage and Tax					Π	Department of the TreasuryInternal Revenue Service								
Form W	₂ Statem	ent												

Statement Form W-2 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 social 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	STATEMENT 053-95-1581 OMB N					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					
50-0393242						227545.35				47099.24				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
	Roberts-Wu	222009.77				16983.75								
174 Tracey Garden Hallfurt HI 89144-8440						5 Medicare wages and tips 227273.46				6 Medicare tax withheld 6590.93				
						222009.77				227273.46				
						d Control number					9 Advance EIC payment			
7349420										226				
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
Ian Fowler 60704 Mata Stravenue South Johnview ME 61501-8454						173			н 3142					
						13 Statutory Retirement Third-party sick pay X X X 14 Other (see enclosed Notice to Employee)								
										651				
									н 852					
									12d	ı	i			
									P	459				
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 L	ocal inco	ome tax		20 Locality	name	
MN	501-71	L-922	124429.63	13596.5		293380.79		42	083	. 65		Rangel	Ferry	
NH	846-99	9-597	113564.81	11204.67		173190.09		33	133	. 46		Wilson	Hills	

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

