REISSUED a Employee's social	•			Safe, Accura	ate,	A FILO	Visit the IRS Website		
STATEMENT 45	1-75-9242	OMB N	o. 1545-0	FAST! Use		rfile	at www.irs.gov/efile.		
b Employer identification number			1 \	Wages, tips, other compens	ation	2 Federa	Il income tax withheld		
56-4466600				124472.01		1821	8.57		
c Employer's name, address, and ZIP code			3 3	Social security wages		4 Social	security tax withheld		
Campbell PLC PLC			105065.6			8037.52			
7348 Lauren Harbors Apt. 622			5 1	Medicare wages and tips		6 Medicare tax withheld			
East William MO 98655-2564				119582.98		3467.91			
East William MO 90055-2504			7 Social security tips			8 Allocated tips			
				105065.6			119582.98		
d Control number			9 /	Advance EIC payment		10 Depen	dent care benefits		
171451							219		
e Employee's first name and initial Last name		·	11 1	Nonqualified plans		12a See in	structions for box 12		
Taffanna Namilkan			162			E 4075			
Jeffery Hamilton 103 Kathryn Field			13 Statutory Retirement Third-party sick pay			12b	İ		
						D	995		
East Juan ND	06018-8781		14 (Other (see enclosed Notice	to Employee)	12c	į		
2000 00010 1701							800		
						12d	1		
						G	539		
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.	1	Local income tax	20 Locality name		
NE 640-82-287	64900.53	3574.44		96956.99	1	7447.54	Ramos Grove		
OR 713-07-048	58669.27	4061.29		101692.44	10	6454.23	Beck Overpass		

Wage and Tax 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.

REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	4	51-75-9242	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				
56-4466600				124472.01			18218.57				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Campbell PLC PLC			105065.6			8037.52					
7348 Lauren Harbors Apt. 622 East William MO 98655-2564			5 Medicare wages and tips 119582.98			6 Medicare tax withheld 3467.91					
										7 Social security tips	
							105065.6			119582.98	
d Control number			9 Advance EIC payment			10 Dependent care benefits					
171451								219			
e Employee's first name and initial Last name			11 1	lonqualified plans	12a See instructions for box 12						
Jeffery Hamilton			162			E 4075					
deffery manufactor			13 Statutory Retirement Third-party employee plan sick pay			12b					
103 Kathryn Field						D	D 995				
East Juan ND 06018-8781			14 Other (see enclosed Notice to Employee)			12c					
						800					
						f	12d				
							G	G 539			
f Employee's address and ZIF											
15 State Employer's state		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality	/ name	
NE 640-	82-287	64900.53	3574.44		96956.99	17	447.54		Ramos	Grove	
OR 713-	07-048	58669.27	4061.29		101692.44	16	454.23		Beck Ov	erpass	

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

