REI	ISSUED	a Employee's socia	al security number			Sa	ife, Accurate,	(Re C)	HI	Visit the	IRS Website	
STAT	TEMENT	19	98-95-8570	OMB N	o. 1545-0	008 F <i>A</i>	ST! Use		file	at www.i	rs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld			
73-2956380					218032.3				51231.88			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Frazier-Matthews Ltd					235617.45				18024.73			
372 Alison Union Suite 015				5 Medicare wages and tips				6 Medicare tax withheld				
					256752.49				7445.82			
μа	ike westey	Shire CA	39137-2527		7 Social security tips				8 Allocated tips			
					235617.45				256752.49			
d Control nur	mber				9 Advance EIC payment				10 Dependent care benefits			
90	37748									253		
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
Jeffrey Henderson				104				P 5266				
				13 Statutory Retirement Third-party employee plan sick pay			rty	12b	1			
06739 Hall Glen					x Sick pay				D	539		
D-	niollowi	OT. T. 7.	38647-8558		14	Other (see enc	osed Notice to Emp	loyee)	12c			
Danielleview LA 38647-8558										928		
								_	12d			
									124	1.		
										174		
	s address and ZIP cod			1		1						
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wa	ges, tips, etc.	19 Lo	ocal income ta	х	20 Locality name	
FL	557-28	-588	100381.55	5993.18		25534	6.72	382	227.69		Mcfarland Hollow	
PA	594-33	-297	107211.84	5456.57		16070	3.02	235	577.68		King Highway	

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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 so	cial security number							ue Service. If you are required		
STATEMEN	т :	198-95-8570	OMB N	lo. 1545-0	to file a tax return, this income is tax				may be imposed on you if		
b Employer identification	number			1	Wages, tips, other compe	ensation	2	Federal inco	ome tax withheld		
73-2956380					218032.3		5	51231.88			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Frazier-Matthews Ltd					235617.45			18024.73			
372 Alison Union Suite 015 Lake Wesleyshire CA 39137-2527					5 Medicare wages and tips			6 Medicare tax withheld			
					256752.49			7445.82			
					7 Social security tips			8 Allocated tips			
					235617.45			256752.49			
d Control number				9	9 Advance EIC payment			10 Dependent care benefits			
9037748								2	53		
e Employee's first name	and initial Last na	ime		11 Nonqualified plans			12a	12a See instructions for box 12			
- 66	1			104				P 5266			
Jeffrey Henderson				13 Stat		Third-party	12b				
06739 Hall Glen					employee plan sick pay			D 539			
				14	Other (see enclosed Noti	ce to Employe	ee) 12c				
Danielleview LA 38647-8558					- Carlot (dee distribution to Employee)						
								928			
							12d	i			
								1	74		
f Employee's address a	d ZIP code										
15 State Employer's	tate ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local inc	ome tax	20 Locality name		
FL 55	7-28-588	100381.55	5993.18		255346.72		38227	. 69	Mcfarland Hollow		
PA 59	4-33-297	107211.84	5456.57		160703.02		23577	. 68	King Highway		

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

