R	REISSUED a Employee's social security number						Safe, Accurate,	fige 1	ŒU		Visit the	IRS Websi	te	
ST	ATEMENT	55	50-54-1024	OMB N	o. 1545-0	800	FAST! Use				at www.i	rs.gov/efile.		
b Employer identification number						1 Wages, tips, other compensation				Federal income tax withheld				
73-6117176						116204.38				22752.12				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Underwood-Roberts and Sons						142366.39				10891.03				
51220 Diana Fort						5 Medicare wages and tips				6 Medicare tax withheld				
Lake Katelynmouth CO 27031-4034					137810.8				3996.51					
Lake Katelynmouth CO 27031-4034					7 Social security tips				8 Allocated tips					
						142366.39				137810.8				
d Control number					9 Advance EIC payment 10 Dependent care benefits					enefits				
2556075									275					
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
						106				D 4109				
Adrian Fisher 110 Hays Falls Suite 469					13 Statutory Retirement Third-party employee plan sick pay				12b	1				
									1	H 482				
Kevinview OK 22261-6512						14 Other (see enclosed Notice to Employee)				12c				
1.072.1720.11										G	268			
								12d						
											150			
f Employ	ee's address and ZIP cod	e												
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	•	18 Loc	al wages, tips, etc.	19	Local incor	ne tax		20 Locality	name	
MT	622-63	-051	59451.98	3035.78		134	235.94	22	2147.	84		Roberts	Rest	
SD	031-40	-166	61863.24	3973.06		881	30.45	12	2038.	52		Brown	Camp	

Wage and Tax Statement

Form W-2

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.

REISSU	JED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEM	IENT	55	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						Vages, tips, other compensation		2 Federa	l income tax	withheld		
73-6117176						116204.38		22752.12				
c Employer's name, address, and ZIP code						ocial security wages		4 Social security tax withheld				
Underwood-Roberts and Sons						142366.39		10891.03				
51220 Diana Fort						ledicare wages and tips		6 Medicare tax withheld				
Lake Katelynmouth CO 27031-4034						137810.8		3996.51				
					7 S	ocial security tips		8 Allocated tips				
						142366.39		137810.8				
d Control number					9 A	dvance EIC payment		10 Dependent care benefits				
2556075								275				
e Employee's first name and initial Last name					11 N	lonqualified plans		12a See instructions for box 12				
Adrian Fisher 110 Hays Falls Suite 469					13 Statu			D 4109				
					employee plan sick pay			н	482			
Kevi	nview	OK	22261-6512	14 0	other (see enclosed Notice to Employ	ree)	12c					
								G 268				
									12d			
								150				
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.	140 14	ocal income tax		00		
l '	•		16 State wages, tips, etc.	17 State income tax		3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			i	20 Locality		
MT	622-63	3-051	59451.98	3035.78	134235.94 2		221	22147.84		Roberts	Rest	
SD	031-40)-166	61863.24	3973.06		88130.45	120	038.52		Brown	Camp	

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

