REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website								
S	TATEMENT	5	32-09-3077	OMB N	No. 1545-0008	FAST! Use		*file	at www.i	rs.gov/efile.		
<b>b</b> Employer identification number					1 Wa	<ol> <li>Wages, tips, other compensation</li> </ol>			Federal income tax withheld			
15-4885859					1	185673.55			20007.6			
c Employer's name, address, and ZIP code					<b>3</b> Soc	3 Social security wages			4 Social security tax withheld			
Carr-Phelps Inc					1	197148.5			15081.86			
557 Taylor Track									Medicare tax withheld			
Hillbury KS 68502-4270						168168.45		4876.89				
					<b>7</b> Soc	cial security tips		8 Allocated tips				
					197148.5			168168.45				
d Control number					<b>9</b> Adv	9 Advance EIC payment			10 Dependent care benefits			
467307									300			
e Employee's first name and initial Last name					<b>11</b> Nor	11 Nonqualified plans			12a See instructions for box 12			
					115			P 9645				
Heather Smith						13 Statutory Retirement Third-party employee plan sick pay			12b			
0253 Linda Run						e plan s	sick pay	E	991			
Davilafort DC 62044-0252					<b>14</b> Oth	er (see enclosed Notice t	o Employee)	12c	1			
								E	482			
								594				
f Emplo	yee's address and ZIP cod	Δ.							334			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	1	8 Local wages, tips, etc.	19	Local income tax	:	20 Locality name		
ME	790-77	-345	83631.79	8139.35	1	132117.34	2!	5980.75		Julie Row		
UT	672-19	-380	91775.44	7845.11	1	138986.33	2:	1029.19		Stephanie Squares		
Wage and Tax						Department of the TreasuryInternal Revenue Service						
Form W-2 Statement				ここ ア		Department of the freedomyinternal Nevertue Ser						

**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 socia	al security number			This information is being furnish	hed to	the Internal Re	venue Serv	ice. If you are	e required	
	OTATELLE IT COMP. No. 1545.0009 to file a tax re							alty or other san	ction may b	e imposed on	you if	
b Employer identification number					this income is taxable and you fail to  1 Wages, tips, other compensation			2 Federal income tax withheld				
15-4885859					185673.55			20007.6				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Carr-Phelps Inc					197148.5			15081.86				
557 Taylor Track Hillbury KS 68502-4270					5	Medicare wages and tips	6 Medicare tax withheld					
					168168.45 7 Social security tips			4876.89  8 Allocated tips				
					d Control number					9 Advance EIC payment		
	467307							300				
e Emplo	yee's first name and initial	Last name	9		11 Nonqualified plans			12a See instructions for box 12				
					115			P 9645				
	Heather Smith				13 Sta		12b					
0253 Linda Run Davilafort DC 62044-0252					employee plan sick pay  14 Other (see enclosed Notice to Employee)			E	991			
								E				
								12d	1			
									594			
	yee's address and ZIP cod			_								
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	_	_ocal income ta:	(	20 Locality		
ME	790-77	-345	83631.79	8139.35		132117.34	25	980.75		Julie	Row	
UT	672-19	-380	91775.44	7845.11		138986.33	21	029.19		Stephanie	Company -	
	· · · · · · · · · · · · · · · · · · ·		1	1.3.0						cephanie	-drares	

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

