F	REISSUED	a Employee's socia	al security number			Saf	e, Accurate,	e <b>n</b>	a Hila	Visit the	RS Websit	e	
S	<b>TATEMENT</b>	08	32-41-3397	OMB	No. 1545-00	08 <b>FAS</b>	ST! Use	<b>G</b>	file !	at www.	irs.gov/efile.		
b Employer identification number					1 V	1 Wages, tips, other compensation			Federal income tax withheld				
46-3674676						220010.08			57019.94				
c Employer's name, address, and ZIP code					<b>3</b> S	3 Social security wages			4 Social security tax withheld				
Baker-Harris LLC						206999.08			15835.43				
8682 Carol Mountains Apt. 119 Port Sabrinabury CA 68139-6334					5 N	5 Medicare wages and tips				6 Medicare tax withheld			
						254795.67				7389.07			
					7 S	7 Social security tips				8 Allocated tips			
						206999	.08			2547	95.67		
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
9922610									205				
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12				
						122			P 9843				
	Paige Sm	nith				13 Statutory Retirement Third-party employee plan sick pay			12b				
038 Lozano Brook					empio	pyee plan	sick pay		P	663			
Cathystad MD 93328-6913					14 C	ther (see enclo	sed Notice to Employ	/ee) '	12c	ı			
000,0000 12 0000 0010										170			
							_	12d					
								н	737				
f Emplo	yee's address and ZIP cod	Δ.						_	- 11	1,3,			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<del>-!</del>	18 Local wage	es, tips, etc.	19 Loc	cal income	tax	20 Locality	name	
KS	935-36	-000	116021.35	6824.73		175057	.03	285	14.4	6	Michael	Glen	
IN	907-72	-345	114980.41	4445.39		196457	.56	398	04.6	3	Heidi	Dam	
Wage and Tax							Department of the TreasuryInternal Revenue Service						
Statement CUL							Воран			oury interi	iai i tovolido	00.7100	

**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.

REISSUE		ocial security number	0.15.11	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							
STATEME	111	082-41-3397	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld			
46-3674676					220010.08			57019.94			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Baker-Harris LLC				206999.08			15835.43				
8682 Carol Mountains Apt. 119 Port Sabrinabury CA 68139-6334				5	Medicare wages and tips	6 Medicare tax withheld 7389.07 8 Allocated tips					
					254795.67						
				7	Social security tips						
					206999.08	254795.67					
d Control number	d Control number				9 Advance EIC payment			10 Dependent care benefits			
9922610								205			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
	Paige Smith				122			P 9843			
Paige					13 Statutory Retirement Third-party						
038 Lozano Brook					employee plan sick pay  X  Other (see enclosed Notice to Employee)			663			
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f Employee's address			•								
	's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income ta	x	20 Locality name		
KS 9	935-36-000	116021.35	6824.73		175057.03	28	514.46		Michael Glen		
IN S	907-72-345	114980.41	4445.39		196457.56	39	804.63		Heidi Dam		

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

