| | | | | | | | | | 1 2 | |
|---|------------------------------------|----------------------------|----------------------|-------------|--|-------------|-------------------------|---------------------------------|------------------|--|
| NY | 236-25-615 | 126128.81 | 8797.13 | | 308609.14 | 2 | 9491.01 | L | Roach Square | |
| MT | 046-85-464 | 112331.8 | 8648.81 | | 173499.06 | 2 | 5434.15 | 5 | Karla Turnpike | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | | Local income t | | 20 Locality name | |
| | yee's address and ZIP code | T | T | <u> </u> | | | | | T | |
| | | | | | | | | 288 | | |
| | | | | | | | 120 | | | |
| | | | | | | | D 12d | 615 | | |
| | New Frankhaven V | A 91127-4202 | | | | . , , , | | C1 F | | |
| | | | | | ther (see enclosed Notice to | | | | | |
| | 38228 Peterson Ki | nolls | | emplo | • | X pay | н | 417 | | |
| | Stephen Scott | | | 13 Statut | | Third-party | 12b | ì | | |
| Charles Cashl | | | | 143 | | | 5864 | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | |
| 9655379 | | | | | | | | 272 | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | |
| | | | | | 297358.72 | | | 2115 | 71.99 | |
| | Alexanderton NY 9 | 0342-3455 | | 7 S | ocial security tips | | 8 Alloca | ated tips | | |
| 077 Sullivan Crest | | | | | 211571.99 | | 6135.59 | | | |
| _ , | | | | | edicare wages and tips | | 6 Medicare tax withheld | | | |
| Gillespie, Mckay and Logan PLC | | | | | 297358.72 | | | 22747.94 | | |
| | yer's name, address, and ZIP code | 3 S | ocial security wages | | 4 Social security tax withheld | | | | | |
| | 37-5050222 | 237842.46 | | | 2 Federal income tax withheld 66426.71 | | | | | |
| | TATEMENT yer identification number | 494-30-0910 | OWIDIN | | ages, tips, other compensa | _ | | | ŭ | |
| | (LIGOOLD | 494-36-0910 | OMB N | lo. 1545-00 | , | | → file | | irs.gov/efile. | |
| | (LIGOOLD | ocial security number | OMP N | lo 1545 00 | Safe, Accura | | ~ file | | IRS Website | |

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.

| 228 Peterson Kn w Frankhaven VA address and ZIP code nployer's state ID number 046-85-464 | | 17 State income tax 8648.81 | | Other (see enclosed Notice to Emplo 18 Local wages, tips, etc. 173499.06 | 19 L | H 12c D 12d ocal income tax 434.15 | 417 615 288 20 Locality name Karla Turnpik |
|---|--|--|--|--|--|---|--|
| w Frankhaven VA | 91127-4202 | _ | | Other (see enclosed Notice to Emplo | - | 12c D | 288 |
| w Frankhaven VA | | | | <u> </u> | yee) | 12c D | 615 |
| | | | | <u> </u> | yee) | 12c D | 615 |
| | | | | <u> </u> | yee) | 12c D | <u> :</u> |
| | | | | <u> </u> | yee) | 12c | <u> :</u> |
| | | | | <u> </u> | yee) | | 417 |
| 228 Peterson Kn | olls | | X | X X | | н | 417 |
| | x x x | | | | 1 | | |
| epnen Scott | | | | | 12b | İ | |
| onhon Coott | 11 Nonqualified plans 143 | | | 12a See instructions for box 12 5864 | | | |
| first name and initial Last na | | | | | | | |
| 55379 | | | | | 272 | | |
| ber | 9 | Advance EIC payment | | 10 Depend | dent care benefits | | |
| | | | | 297358.72 | | | 211571.99 |
| exanderton NY 90 | | 7 Social security tips | | | 8 Allocated tips | | |
| | 3 Social security wages 297358.72 5 Medicare wages and tips 211571.99 | | | 4 Social security tax withheld 22747.94 6 Medicare tax withheld 6135.59 | | | |
| | | | | | | | |
| llespie, Mckay an | | | | | | | |
| name, address, and ZIP code | | | | | | | |
| -5050222 | 237842.46 | | | 66426.71 | | | |
| entification number | Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| | to file a tax return, a negligence penalty or other sanction may be imposed on you in the file and the file a | | | | | | |
| E E E E E E E E E E E E E E E E E E E | EMENT Intification number 15050222 Interpretation and ZIP code ILespie, Mckay and ZIP | EMENT 494-36-0910 ntification number 55050222 ame, address, and ZIP code clespie, Mckay and Logan PLC Sullivan Crest exanderton NY 90342-3455 per 55379 ret name and initial Last name ephen Scott | EMENT 494-36-0910 OMB No. Intification number 25050222 Interpret American Action Code Interpret American Action Code Interpret American Action Code Interpret American Action Code Interpret Action Code Interpret Action Code Interpret Code Inter | ### ### ### ### ###################### | to file a tax return, a negligence this income is taxable and you negligence the income is taxable and you negligence this income is taxable and you negligence the tis income is taxable and you negligence the tis income is taxable and you negligence this income is taxable and you negligence this income is taxable and you negligence the tis income is taxable and you negligence the tis income is taxable and you negligence the tis income is taxable and you negligence the tax return, a negligence the tax return, is taxable and you negligence the tax return, in the tax return, in the first negligible and you negligibl | to file a tax return, a negligence penal this income is taxable and you fail to full a day of this income is taxable and you fail to wages, tips, other compensation and return | to file a tax return, a negligence penalty or other same this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federa 237842.46 6642 ame, address, and ZIP code 3 Social security wages 4 Social security wages and tips 5 Medicare wages and tips 211571.99 7 Social security tips 8 Allocate 297358.72 97358. |

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

