REISSUED a Employee's social s	•			Safe, Accura	ate,	A SHO	Visit the IRS Website		
STATEMENT 532	2-27-9333	OMB N	o. 1545-00	DOS FAST! Use		** file	at www.irs.gov/efile.		
<b>b</b> Employer identification number			1 \	Wages, tips, other compens	ation	2 Federa	Il income tax withheld		
56-4818204			83951.54			18323.3			
c Employer's name, address, and ZIP code		•	3 5	Social security wages		4 Social	security tax withheld		
Casey, Mcfarland and Gibson Group			83332.48			6374.93			
866 Stephanie Cliff Suite 809			5 Medicare wages and tips			6 Medicare tax withheld			
South Anthony OR 12017-7742			77873.61 7 Social security tips			2258.33 8 Allocated tips			
-			, ,	83332.48		7 (11000)	77873.61		
d Control number			9 /	Advance EIC payment		10 Depen	dent care benefits		
3346714							115		
e Employee's first name and initial Last name			11 1	Nonqualified plans		12a See in	structions for box 12		
Adrienne Hill			249			D 8133			
			13 Statutory Retirement Third-party employee plan sick pay			12b	į		
78309 Robertson For	k Apt. 177		- Ompi		oioi pu)	G	365		
Lake Brad NV	48255-1156		14 (	Other (see enclosed Notice	to Employee)	12c	i		
						G	571		
						12d	i		
						P	379		
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.	. 19	Local income ta:	20 Locality name		
AL 600-30-817	45032.85	2005.14		83975.27	1.	4105.8	Moore Islands		
OR 965-53-540	39007.32	1922.25		91791.58	1:	1537.06	Mitchell Overpass		

Wage and Tax

Form W-2 Statement

5010

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.

	EISSUED TATEMENT	a Employee's socia	al security number 32-27-9333	OMB N	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 this income is taxable and you fail to report it.							
<b>b</b> Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld						
56-4818204				83951.54			18323.3					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Casey, Mcfarland and Gibson Group			83332.48			6374.93						
866 Stephanie Cliff Suite 809			5 Medicare wages and tips			6 Medicare tax withheld						
South Anthony OR 12017-7742					77873.61	2258.33						
				7 Social security tips			8 Allocated tips					
				83332.48			77873.61					
d Control number			9 Advance EIC payment			10 Dependent care benefits						
3346714						115						
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Adrienne Hill 78309 Robertson Fork Apt. 177 Lake Brad NV 48255-1156			249  13 Statutory Retirement Third-party employee plan sick pay			D 8133						
				14 Other (see enclosed Notice to Employee)			12c					
							G	571				
								12d				
							P	379				
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.	10.1	ocal income ta:	,	20 Locality name				
			9							,		
AL	600-30	-91/	45032.85	2005.14		83975.27	14	105.8		Moore Islands		
OR	965-53	-540	39007.32	1922.25		91791.58	11	537.06		Mitchell Overpass		

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

