REISSUED a Employee's social security number		Safe, Accurate,	Visit the IRS Website			
STATEMENT 401-32-9116	OMB No. 1545-0	008 FAST! Use	at www.irs.gov/efile.			
b Employer identification number	1	Wages, tips, other compensation	Federal income tax withheld			
80-5057295		170658.33	22492.83			
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax withheld			
Cooper Inc and Sons		172250.08	13177.13			
977 Andrea Shores	5	Medicare wages and tips	6 Medicare tax withheld			
South Deannabury NH 59059-5382		121258.21	3516.49			
South Deannabury NH 59059-5382	7	Social security tips	8 Allocated tips			
		172250.08	121258.21			
d Control number	9	Advance EIC payment	10 Dependent care benefits			
2820612			124			
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions for box 12			
0 11 0 11 '		258	7320			
Scott Collins	13 State		12b			
2736 Renee Oval	emp	loyee plan sick pay	н 535			
Port Michael AL 23307-2068	14	Other (see enclosed Notice to Employ	ree) 12c			
1010 111011401 111 1000			G 113			
			12d			
			E 168			
f Employee's address and ZIP code						
	e income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name			
IL 646-07-841 86506.46 3837	7.91	190465.45	29127.29 John Summit			
MD 751-72-448 88746.2 4150).97	150876.95	17581.85 Ryan Crest			

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.

REI	ISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required									
STA	TEMENT	40	1-32-9116	OMB N	OMB 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				1 Wages, tips, other compensation				2 Federal income tax withheld						
80-5057295				170658.33				22492.83						
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld						
Cooper Inc and Sons				172250.08				13177.13						
977 Andrea Shores					5 Medicare wages and tips				Medicare tax withheld					
South Deannabury NH 59059-5382				121258.21				3516.49						
				7 Social security tips				8 Allocated tips						
					172250.08				121258.21					
d Control number				9 Advance EIC payment			1	10 Dependent care benefits						
2820612									124					
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 1					for box 12						
Scott Collins			258				7320							
			13 Statutory Retirement Third-party				12b							
2736 Renee Oval				emp	loyee plan	sick pay		н	535					
2730 Refiee Oval			14	 Other (see enclosed Not	Landa Farala	\ 4	11 12c	333						
Port Michael AL 23307-2068				14	Other (see enclosed Not	ice to Employ	ree) 1	120	Ì					
							G	113						
								1	12d	i				
									E	168				
f Employee's	's address and ZIP cod	le												
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Loc	cal income tax		20 Local	ity name		
IL	646-07	7-841	86506.46	3837.91		190465.45		291	27.29		John	Summit		
MD	751-72	2-448	88746.2	4150.97		150876.95		175	81.85		Ryan	Crest		

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

