F	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website			
S	TATEMENT	01	.3-22-2936	OMB N	o. 1545-0	0008 <b>FAS</b>	ST! Use	6	ile	at www.i	rs.gov/efile.	
<b>b</b> Emplo	<b>b</b> Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
	92-0969653				201021.79				44533.6			
<b>c</b> Emplo	yer's name, address, and Z	IP code			3 Social security wages			4	4 Social security tax withheld			
Aguilar, Beck and Barnes and Sons					169026.84				12930.55			
849 Madden Circles				5 Medicare wages and tips				6 Medicare tax withheld				
					162785.38				4720.78			
	Lake Scottmouth MO 61240-1632					7 Social security tips			8 Allocated tips			
					169026.84				162785.38			
d Control number					9 Advance EIC payment			10	10 Dependent care benefits			
	3296771								183			
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12			
					278				1250			
Robert Williams 3533 James Point				13 Statutory Retirement Third-party employee plan sick pay			y 12	b				
								G	651			
					14 Other (see enclosed Notice to Employee)			ovee) 12		100-		
Port Heather VT 72350-9059								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
								G 714				
				12				12d				
										993		
	yee's address and ZIP code											
15 State	Employer's state ID nur		16 State wages, tips, etc.	17 State income tax		18 Local wage		19 Loca	income ta	x	20 Locality name	
ID	734-70	-055	90764.26	7015.14		150663	. 02	3892	1.68		Rice Landing	
IL	766-07	_190	92705.08	6629.66		199997	75	2027	1.92		Andaman Wass	
TT	700-07	-100	92103.00	0029.00		133331	. 13	2037	<b>エ・</b> ラΖ		Anderson Key	

Wage and Tax

This information is being furnished to the Internal Revenue Service.

5070 **Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--Internal Revenue Service

Cut here. Keep lower portion for your records.

REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMEN	т 0	13-22-2936	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					Wages, tips, other compensation			Federal income tax withheld			
92-0969653					201021.79			44533.6			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Aguilar, Beck and Barnes and Sons					169026.84			12930.55			
849 Madden Circles					Medicare wages and tips		6 Medicare tax withheld				
					162785.38		4720.78				
Lake Sc	Lake Scottmouth MO 61240-1632						8 Allocated tips				
					169026.84			162785.38			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
3296771								183			
e Employee's first name	and initial Last nam	ne		11 Nonqualified plans			12a See instructions for box 12				
Robert Williams					278			1250			
RODELC	Nobel C Williams				13 Statutory Retirement Third-party employee plan sick pay			l			
3533 J	3533 James Point						G	651			
Port H	Port Heather VT 72350-9059				14 Other (see enclosed Notice to Employee)			12c			
-0-0 -0-0-0-0-0								714			
							12d				
							993				
f Employee's address and ZIP code					I a a a a a a a a a a a a a a a a a a a	101					
1 ' '	tate ID number	16 State wages, tips, etc.	17 State income tax				ocal income tax		20 Locality name		
ID 73	4-70-055	90764.26	7015.14	150663.02 3		389	38921.68		Rice Landing		
IL 76	6-07-180	92705.08	6629.66		199997.75	203	371.92		Anderson Key		

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

