R	REISSUED a Employee's social security number				Safe, Accurate,					Visit the IRS Website			
S1	TATEMENT	83	84-82-9392	OMB N	o. 1545-0	0008 F	AST! Use		ШБ	at www.i	rs.gov/efile.		
b Employ	yer identification number				1 Wages, tips, other compensation				2 Federa	al income ta	x withheld		
94-5914265						132648.67				22687.68			
c Employ	yer's name, address, and 2	ZIP code			3 Social security wages				4 Social security tax withheld				
Harrison-Lester Inc					130483.76				9982.01				
548 Scott Run Matthewberg IN 64084-6497					5 Medicare wages and tips				6 Medicare tax withheld				
					129425.06				3753.33				
					7 Social security tips				8 Allocated tips				
					130483.76				129425.06				
d Contro	ol number				9 Advance EIC payment			1	10 Dependent care benefits				
5596224									195				
e Employee's first name and initial Last name					11 Nonqualified plans			1	12a See instructions for box 12				
					290				н 7380				
	Ann Pearson					13 Statutory Retirement Third-party							
766 Jessica Extensions Suite 698 North Keith WY 81875-0612						employee plan sick pay				D 921			
						14 Other (see enclosed Notice to Employee)				12c			
North Reith Wi 818/5-0012										619			
									12d				
									_				
									G	372			
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			10 100	Local income tax 20 Locality name				
			= ' ' '			3,.,.,				^	*		
MD	320-14	-9/5	72637.77	4660.39		98419	. 99	∠6T	97.11		Skinner Prairie		
AK	141-22	-966	71054.38	6604.51		15607	9.6	234	27.98		Silva Plains		
				1		1	- · ·	1					

Wage and Tax

Form W-2

5070 **Statement**

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.

R	REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required									
SI	TATEMENT	8	34-82-9392	OMB	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				
94-5914265						132648.67				22687.68				
c Emplo	yer's name, address, and	3	3 Social security wages				4 Social security tax withheld							
	Harrison-Le		130483.76				9982.01							
548 Scott Run Matthewberg IN 64084-6497						5 Medicare wages and tips				6 Medicare tax withheld				
						129425.06				3753.33				
						7 Social security tips				8 Allocated tips				
						130483.76				129425.06				
d Control number					9 /	9 Advance EIC payment			10 Dependent care benefits					
5596224										195				
e Emplo	e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12			
						290				н 7380				
	Ann Pearson					13 Statutory Retirement Third-party				12b				
766 Jessica Extensions Suite 698					emp	oyee plan	sick pay			D	921			
	North Keith WY 81875-0612						Naria da Faraba		12c		921			
						14 Other (see enclosed Notice to Employee)					ĺ			
										619				
									12d					
										G	372			
f Employee's address and ZIP code								ŀ						
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax	(18 Local wages, tips, etc. 19		19 L	9 Local income tax			20 Locality name		
MD	320-14	1-975	72637.77	4660.39		98419.99 2		26	26197.11			Skinner Prairie		
AK	141-22	2-966	71054.38	6604.51		156079.6 23		23	3427.98			Silva Plains		

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

