| REISSUED a Employee's social | al security number | | Safe, Accurate, Visit the IRS Website | | | | | IRS Website | | | |
|--|----------------------------|---------------------|--|-----------------------------------|----------------|-------------------------|---------------------------------|-------------|-------------------|--|--|
| STATEMENT 00 | 04-93-1215 | OMB N | o. 1545-00 | 08 FAST! U | se | G [→] I | II E | at www.i | rs.gov/efile. | | |
| b Employer identification number | | | | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 32-4483594 | | | | 170944.19 | | | | 37852.23 | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Glover, Williams and Sparks PLC | | | | 140082.64 | | | 10716.32 | | | | |
| 361 Joshua Plains | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | |
| Cvnthiachester IA 97803-1461 | | | | 190993.64 | | | | 5538.82 | | | |
| Cynthiachester IA 97803-1461 | | | | 7 Social security tips | | | 8 Allocated tips | | | | |
| | | | | 140082.64 | | | 190993.64 | | | | |
| d Control number | | | 9 Advance EIC payment | | | 10 | 10 Dependent care benefits | | | | |
| 3022080 | | | | | | | 110 | | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | 12a | 12a See instructions for box 12 | | | | |
| William Prince | | | 104 | | | | 8369 | | | | |
| | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | 12b | | | | |
| 50698 Avila Via Apt. 703 | | | X pay | | | | E 163 | | | | |
| Walterfurt OR 93811-6023 | | | 14 C | other (see enclosed No | tice to Employ | ee) 12c | | , , | | | |
| Walterfult ON 93011 0023 | | | | | | | 607 | | | | |
| | | | | | | 12d | 12d | | | | |
| | | | | | | | | 251 | | | |
| | | | | | | | | 351 | | | |
| f Employee's address and ZIP code 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | <u>!</u> | 18 Local wages, tips | , etc. | 19 Local i | ncome tax | : | 20 Locality name | | |
| TN 870-48-195 | 3,.,.,. | 9616.92 | | 176086.13 | | 2971 | | | Christopher Ferry | | |
| | | | | | | | | | | | |
| AZ 744-83-186 | 81677.14 | 9230.89 | | 188021.98 | } | 2252 | 0.75 | | Meyers Courts | | |

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.

| RE | ISSUED | Employee's socia | al security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | |
|---|---|------------------|--|---------------------------|---|---------------------------------|--------------------------------|-------------------------------|--|--------------------|--|
| STA | TEMENT | 00 | 4-93-1215 | OMB N | DMB 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 | Employer identification number | | | | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 32-4483594 | | | | 170944.19 | | | 37852.23 | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Glover, Williams and Sparks PLC | | | | 140082.64 | | | 10716.32 | | | | |
| 361 Joshua Plains | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | |
| Cynthiachester IA 97803-1461 | | | | 190993.64 | | | 5538.82 | | | | |
| | | | | 7 Social security tips | | | 8 Allocated tips | | | | |
| | | | | 140082.64 | | | 190993.64 | | | | |
| d Control number | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 3022080 | | | | | | | 110 | | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | |
| William Prince | | | 104 13 Statutory Retirement Third-party | | | 8369 | | | | | |
| 50698 Avila Via Apt. 703 | | | X | | | | 163 | | | | |
| Walterfurt OR 93811-6023 | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | | | |
| | | | | | | 607 | | | | | |
| | | | | ! | | | 12d | | | | |
| | | | | | | 351 | | | | | |
| f Employee | e's address and ZIP code Employer's state ID nun | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 10 1 00 | cal income tax | | 20 Locality name | |
| | | | | | | 5 | | | | 20 Locality Harrie | |
| TN | 870-48- | -132 | 87271.87 | 9616.92 | | 176086.13 | 297 | 12.95 | | Christopher Ferry | |
| AZ | 744-83 | -186 | 81677.14 | 9230.89 | | 188021.98 | 225 | 20.75 | | Meyers Courts | |

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

