REISSUED	a Employee's soci	•		Safe, Accurate,				JZ#I		Visit the	IRS Website	
STATEMENT	1	76-98-9010	OMB	No. 1545-0	008 <b>FAS</b>	T! Use	J		e	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number				1	1 Wages, tips, other compensation			2 Federal income tax withheld				
72-8406699	)				161130.48			21559.98				
c Employer's name, address, and ZIP code				3	3 Social security wages				4 Social security tax withheld			
Green, Thompson and Williams and Sons					200720.23			15355.1				
268 Jacob Mountains Apt. 659				5					6 Medicare tax withheld			
Loriburgh NC 47920-7235					115366.07				3345.62			
				7					8 Allocated tips			
					200720.23			115366.07				
d Control number				9	9 Advance EIC payment 1			10 Dependent care benefits				
6796406								209				
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12				
Michelle Hicks				113				3491				
					13 Statutory Retirement Third-party employee plan sick pay			12b				
0121 Gary Islands Apt. 691					X	X				702		
Sandraport UT 35155-6840					14 Other (see enclosed Notice to Employee)			12c				
								G	154			
							12d					
									D	547		
f Employee's address and ZIP	ode						ŀ					
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax	(	18 Local wage	s, tips, etc.	19 L	ocal inco	ome tax		20 Locality name	
CO 596-1	4-414	80534.71	8360.54		144063.33 1		19	9460.46			Ramirez Junction	
MO 124-2	4-21-112 74268.76 9235.88		190606.66 2		23	23559.57			Eric Ferry			

Wage and Tax Statement

Form W-2

5070

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	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	TATEMENT	1	76-98-9010	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	,			2 Federal income tax withheld				
72-8406699						161130.48			21559.98			
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld			
Green, Thompson and Williams and Sons						200720.23			15355.1			
268 Jacob Mountains Apt. 659				5 Medicare wages and tips			6 Medicare tax withheld					
Loriburgh NC 47920-7235						115366.07			3345.62			
					7 Social security tips			8 Allocated tips				
						200720.23			115366.07			
d Control number				9	9 Advance EIC payment			10 Dependent care benefits				
6796406									209			
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12				
Michelle Hicks				113  13 Statutory Retirement Third-party employee plan sick pay			3491					
0121 Gary Islands Apt. 691					x x			702				
Sandraport UT 35155-6840				14	14 Other (see enclosed Notice to Employee)			12c				
								154				
								G 154				
								l				
								D  547				
f Employee's address and ZIP code					I do La salva sa	10.1	ocal income tax		00 1			
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax	(	10 =000 nagoo, apo, 000				20 Locality name		
СО	596-14	1-414	80534.71	8360.54		144063.33 1		19460.46		Ramirez Junction		
мо	124-21	-112	74268.76	9235.88		190606.66		559.57	Eric Ferry			

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

