F	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website									
S	TATEMENT	03	30-03-8053	ОМ	B No. 1545-00	08 <b>FAS</b>	Γ! Use	<b>U</b>		6	at www.i	s.gov/efile	-
<b>b</b> Emplo	yer identification number				1 V	1 Wages, tips, other compensation				Federal income tax withheld			
82-4280026						129306.23			16071.01				
c Emplo	oyer's name, address, and 2	ZIP code			3 8	3 Social security wages				4 Social security tax withheld			
Cherry, Jones and Rivera Inc						145114.84				11101.29			
297 Ford Row					5 N	5 Medicare wages and tips			6 Medicare tax withheld				
Suzanneburgh NV 74683-3068						165394.37				4796.44			
					7 8	7 Social security tips				8 Allocated tips			
						145114.84			165394.37				
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
6038375										211			
e Employee's first name and initial Last name					11 N	11 Nonqualified plans				12a See instructions for box 12			
						300			G 7906				
	Kenneth	Crane				13 Statutory Retirement Third-party							
0117 Cody Freeway					<b>X</b>	oyee plan	sick pay			P	303		
Samuelstad KS 96224-6640				14 (	Other (see enclose	ed Notice to Employ	yee)	12c		i			
									G	417			
								Ī	12d		1		
										P	801		
f Emplo	oyee's address and ZIP cod	e						-					
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income	tax	18 Local wages	s, tips, etc.	19 L	ocal inco	ome tax	(	20 Locality	name
ID	213-05	-480	63836.34	5710.59		166861.	82	18	425	. 51		Margare	t Mount
TX	382-35	-138	60877.45	5614.9		149393.	13	20	406	. 39		Price :	Island
Wage and Tax Statement							Department of the TreasuryInternal Revenue Service						

**Statement** Form W-2 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.

REISSUED	a Employee's soci	al security number			This information is being furnis						
STATEMENT	<b>STATEMENT</b> 030-03-8053 OMB N				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>b</b> Employer identification numb	b Employer identification number						2 Federal income tax withheld				
82-4280026					129306.23			16071.01			
c Employer's name, address, a	nd ZIP code			3 8	3 Social security wages			4 Social security tax withheld			
Cherry, Jones and Rivera Inc					145114.84			11101.29			
297 Ford Row					Medicare wages and tips		6 Medicare tax withheld				
Curannahu	74602 2060						4796.44				
Suzannebu	Suzanneburgh NV 74683-3068						8 Allocated tips				
					145114.84			165394.37			
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits			
6038375								211			
e Employee's first name and ir	e Employee's first name and initial Last name					1	12a See instructions for box 12				
					300			G 7906			
Kenneth Crane 0117 Cody Freeway					13 Statutory Retirement Third-party employee plan sick pay						
								P 303			
Samuelstad KS 96224-6640				14 (	Other (see enclosed Notice to Employ	yee) 1	12c				
Samuelstad RS 90224-0040								G 417			
								12d			
							P	801			
						_	<u> </u>	901			
f Employee's address and ZIF  15 State Employer's state I		16 State wages, tips, etc.	17 State income tax	,	18 Local wages, tips, etc.	19 1 00	cal income tax	,	20 Locality name		
	213-05-480 63836.34 5710.59		3.1, 1, 1,			25.51	, i				
ID 213-	U3-48U	03030.34	5/10.59		T00001.02	104	∠3.51		Margaret Mount		
TX 382-	35-138	60877.45	5614.9		149393.13	204	06.39		Price Island		

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

