REISSUED a Employee's social security number			Safe, Accui	rate,			isit the IRS W	ebsite	
STATEMENT 662-20-5161	OMB N	o. 1545-00	08 FAST! Use			e a	at www.irs.gov/	efile.	
b Employer identification number		1 V	ages, tips, other compen	sation	2	Federal in	ncome tax withhel	d	
56-2949136			176601.05			49454.54			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Simon Ltd and Sons			151264.88			11571.76			
52975 Melissa Fall Apt. 337 Petersonshire AK 84638-5318			5 Medicare wages and tips			6 Medicare tax withheld			
			141379.88				4100.02		
receisonshire Ak 64036-3316			7 Social security tips			8 Allocated tips			
			151264.88			141379.88			
d Control number			9 Advance EIC payment			10 Dependent care benefits			
4714134						280			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Laura Green			252			9026			
			13 Statutory Retirement Third-party employee plan sick pay			12b			
07476 Michelle Point			X X X			P 605			
West Christopher HI 01298-6573			14 Other (see enclosed Notice to Employee)						
						-	775		
						12d			
						E !	507		
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, et	c. 19	9 Local inc	ome tax	20 Lo	cality name	
GA 561-63-415 84539.64	6073.37		155000.92	3	1213	. 91	Mattl	news Island	
PA 627-84-545 85007.45	5735.25		220489.44 35		5289.99		Micha	el Mountain	

Wage and Tax

Form W-2 Statement

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.

F	REISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required						
_	TATEMENT	66	52-20-5161	OMB No	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 Emplo	yer identification number				Wages, tips, other compensation			Federal income tax withheld			
56-2949136			176601.05			49454.54					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Simon Ltd and Sons			151264.88			11571.76					
52975 Melissa Fall Apt. 337 Petersonshire AK 84638-5318				5 Medicare wages and tips 141379.88			6 Medicare tax withheld 4100.02				
											7 Social security tips
								151264.88			141379.88
d Control number			9 Advance EIC payment			10 Dependent care benefits					
4714134						280					
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Laura Green			252			9026					
			13 Statutory Retirement Third-party			12b					
07476 Michelle Point			employee plan sick pay			P 605					
West Christopher HI 01298-6573			14 (Other (see enclosed Notice to Employ	yee)	12c					
						775					
								12d			
						E	E 507				
f Emplo	yee's address and ZIP cod	le							•		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
GA	561-63	-415	84539.64	6073.37		155000.92	31	213.91		Matthews Island	
PA	627-84	-545	85007.45	5735.25		220489.44	35289.99			Michael Mountain	

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

