REISS	SUED	a Employee's socia	l security number	mber Safe, Accurate,				100	-2 H		Visit the	IRS Website	
STATE	MENT	46	57-17-0909	OMB N	lo. 1545-0	0008 <b>FAS</b>	T! Use	G		e	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
65-1444227						158613.93				42451.64			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Walters-Gill and Sons					201561.45				15419.45				
99921 Ashley Road					5 Medicare wages and tips				6 Medicare tax withheld				
					155007.15				4495.21				
Clarkebury NY 16377-6442				7 Social security tips				8 Allocated tips					
					201561.45				155007.15				
d Control number				9 Advance EIC payment				10 Dependent care benefits					
9686199									269				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
Derek Li				124				G 1349					
Der	Derek Li				13 Statutory Retirement Third-party employee plan sick pay				12b	ĺ	I		
539 Katherine Shoal Apt. 267					x x				н 872				
Samuelshire NM 39407-6915					14 Other (see enclosed Notice to Employee)				12c				
									724				
				12d									
										н	505		
f Employee's ad	Idress and ZIP code	Э						•					
15 State Emp	ployer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	•	18 Local wage	s, tips, etc.	19 L	ocal inco	ome tax		20 Locality name	
со	864-27	-795	76339.93	3423.34		134531.36 2		22	2373.31			Smith Green	
NM	711-48-611 73290.45 4025.88		143247.27 23		21	21391.46			Kimberly Forges				

Wage and Tax Statement

Form W-2

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.

F	REISSUED	a Employee's soc	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	<b>TATEMENT</b>	4	67-17-0909	OMB N	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>b</b> Emplo	b Employer identification number					Wages, tips, other compensation		2 Federal income tax withheld				
65-1444227						158613.93		42451.64				
c Employer's name, address, and ZIP code						Social security wages		4 Social security tax withheld				
Walters-Gill and Sons						201561.45		15419.45				
99921 Ashley Road						Medicare wages and tips		6 Medicare tax withheld				
Clarkebury NY 16377-6442						155007.15		4495.21				
					7 5	Social security tips		8 Allocated tips				
						201561.45		155007.15				
d Control number					9 /	Advance EIC payment		10 Dependent care benefits				
9686199								269				
e Emplo	e Employee's first name and initial Last name					Nonqualified plans		12a See instructions for box 12				
Derek Li						124		G 1349				
Delek Hi						itory Retirement Third-party oyee plan sick pay		12b	1			
539 Katherine Shoal Apt. 267									872			
Samuelshire NM 39407-6915					14 (	Other (see enclosed Notice to Employ	ree)	12c				
							724					
							Ī	12d	1			
								н	н 505			
	yee's address and ZIP coo		•									
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		10 = 10 m m g = 0, mp = 0, 10 m m		ocal income t		20 Locality	name /	
со	864-27	7-795	76339.93	3423.34		134531.36 2		373.31		Smith	Green	
NM	711-48	3-611	73290.45	4025.88		143247.27	21	391.46		Kimberly	Forges	

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

