R	REISSUED	a Employee's socia	•				Safe, Acc	urate,			Visit the	IRS Webs	site	
ST	<b>FATEMENT</b>	32	29-19-8241	OMB N	o. 1545-	8000	FAST! Us	se 💌	<b>e</b> ~f	16	at www.i	rs.gov/efil	e.	
<b>b</b> Employer identification number					1 Wages, tips, other compensation				2	2 Federal income tax withheld				
38-4225039					173276.93				4	40901.48				
c Employer's name, address, and ZIP code					3 Social security wages				4	4 Social security tax withheld				
Blanchard PLC Inc					183323.69				1	14024.26				
08432 Benjamin Forks Apt. 761					5 Medicare wages and tips				6					
West Amandamouth MD 79589-2792					131572.47					3815.6				
'	west Amandamouth MD /9589-2/92					7 Social security tips				8 Allocated tips				
					183323.69				131572.47					
<b>d</b> Contro	ol number				9 Advance EIC payment			10	10 Dependent care benefits					
'	779998										136			
e Employ	e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12					
	- 1:				273					2218				
	Julian Gross					13 Statutory Retirement Third-party employee plan sick pay					1			
3429 Gonzalez Center New Sherryburgh MO 63405-1871					14 Other (see enclosed Notice to Employee)					E	570			
									e) 12c		1			
										P 107				
								12d	12d					
										н	524			
f Employ	yee's address and ZIP cod	е									1			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Loc	al wages, tips,	etc.	19 Local in	come tax	(	20 Localit	ty name	
WA	914-34	-296	84478.86	6437.96		221	417.53		33925	.79		Amy	Well	
AR	292-61	-331	94514.94	7487.34		144	874.08		31642	. 63		Gibson	Trail	

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.

F	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are											
S	STATEMENT  329-19-8241  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						Wages, tips, other compensation		Federal income tax withheld				
38-4225039						173276.93		40901.48				
<b>c</b> Emplo	c Employer's name, address, and ZIP code					Social security wages		4 Social security tax withheld				
Blanchard PLC Inc 08432 Benjamin Forks Apt. 761 West Amandamouth MD 79589-2792						183323.69		14024.26				
					5	Medicare wages and tips		6 Medicare tax withheld				
						131572.47		3815.6				
					7	Social security tips		8 Allocated tips				
						183323.69		131572.47				
d Contro	d Control number					Advance EIC payment		10 Dependent care benefits				
	779998							136				
e Emplo	e Employee's first name and initial Last name					Nonqualified plans	1	12a See instructions for box 12				
						273		2218				
	Julian Gross				13 Stat			12b				
3429 Gonzalez Center New Sherryburgh MO 63405-1871					emp	loyee plan sick pay		E	570			
					14	Other (see enclosed Notice to Employe	20)	12c	370			
					14	Other (see enclosed Notice to Employs	ee)					
								P  107				
								12d				
								Н	524			
f Emplo	oyee's address and ZIP co	de										
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	cal income tax		20 Locality name		
WA	914-34	1-296	84478.86	6437.96		221417.53	33925.79			Amy Well		
AR	292-61	L-331	94514.94	7487.34		144874.08	316	42.63		Gibson Trail		

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

