R	REISSUED	a Employee's socia	•			8	Safe, Accura	te,	A SHIP	Visit the	IRS Website		
ST	TATEMENT	73	39-80-7322	OMB N	o. 1545-	0008 F	AST! Use		≁file)	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
43-6818657					177019.95				44896.21				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Anderson, Nelson and Hall LLC					179144.01				13704.52				
535 James Forks					5 Medicare wages and tips				6 Medicare tax withheld				
	Port William KS 22864-4646					152561.51				4424.28			
,						7 Social security tips				8 Allocated tips			
					179144.01				152561.51				
d Contro	ol number				9 Advance EIC payment				10 Dependent care benefits				
9900262								228					
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
	Chloe Phillips					143			9549				
·						13 Statutory Retirement Third-party employee plan sick pay				1			
931 Brianna Junction					X Start Play			D	163				
Reneechester WY 59444-8054				14 Other (see enclosed Notice to Employee)				12c					
Reneechestel Wi 39144 0034									342				
								12d					
										861			
f [vee's address and ZIP cod	_								801			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local v	rages, tips, etc.	19	Local income ta	X	20 Locality name		
NC	350-03		91234.36	2858.12		20132		34	453.74		William Villages		
											†		
PA	819-85	-406	90705.73	3818.77		17707	3.66	21	223.19		Michelle Neck		

Wage and Tax

Form W-2 Statement

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.

	EISSUED	a Employee's socia	•	OMPAN	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
	STATEMENT 759 60 7522				this income is taxable and you fail to report it.						
	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld		
43-6818657					177019.95			44896.21			
c Employ	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
Anderson, Nelson and Hall LLC 535 James Forks Port William KS 22864-4646					179144.01			13704.52			
					5 Medicare wages and tips			6 Medicare tax withheld			
					152561.51			4424.28			
					7 Social security tips			8 Allocated tips			
					179144.01			152561.51			
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	Chloe Phillips				143			9549			
l '					13 Statutory Retirement Third-party employee plan sick pay			12b	1		
931 Brianna Junction					x x			D 163			
	Reneechester WY 59444-8054				14 Other (see enclosed Notice to Employee)			12c			
Nemeconcoder wir bylli bobi							342				
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f Employee's address and ZIP code										•	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name	
NC	350-03	3-228	91234.36	2858.12		201328.35		34453.74		William Villages	
PA	819-85	5-406	90705.73	3818.77		177073.66	21	223.19		Michelle Neck	

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

