Wage and Tax Statement					Department of the TreasuryInternal Revenue Service						
AZ 33	7-94-554	104962.94	4211.0		147816.56 33		1422.29		Sonia	Rapid	
OR 55	1-14-680	102753.13	5222.02		229379.07	32	2616	. 62		King	Glens
	tate ID number	16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, etc	. 19	Local inc	ome tax	:	20 Localit	y name
f Employee's address ar	d ZIP code						12d	E	455		
NOI ON OCCUPANT OF THE OF THE OF THE OF THE OCCUPANT OF THE OC								D	225		
North Jessica MI 81426-2750				<b>14</b> Ot	her (see enclosed Notice	to Employee)	12c		I		
550 Joshua Terrace					/ee plan	sick pay			558		
Zachary Wright				13 Statutory Retirement Third-party 12b							
2 Employed and mana and mana and mana					272			н 7250			
9087657  e Employee's first name and initial Last name				11 No	1 Nonqualified plans			155			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
					223149.86			203842.92			
South Davidtown MA 62945-8689					3.1			8 Allocated tips			
3442 Brown Ridge					203842.92			5911.44			
					5 Medicare wages and tips			6 Medicare tax withheld			
Anderson-Ho Ltd					223149.86			17070.96			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
b Employer identification number 75-7005072					1 Wages, tips, other compensation 194408.03			2 Federal income tax withheld 62892.0			
<b>STATEMENT</b> 531-02-1781 OMB No.						otion		Fodora		rs.gov/efile	<b>∋</b> .
REISSUED a Employee's social security number				. 4545.000	Safe, Accura	ate,	N F	e		IRS Webs	

This information is being furnished to the Internal Revenue Service.

Form W-2

**Statement** Copy B--To Be Filed with Employee's FEDERAL Tax Return

Cut here. Keep lower portion for your records.

R	EISSUED	a Employee's socia	al security number		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							
ST	ATEMENT	53	31-02-1781	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 Employer identification number					1	Wages, tips, other compensation		2 Federal income tax withheld				
75-7005072					194408.03			62892.0				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Anderson-Ho Ltd					223149.86			17070.96				
3442 Brown Ridge					5 Medicare wages and tips 203842.92			6 Medicare tax withheld 5911.44				
												,
					223149.86			203842.92				
d Control	d Control number				9 Advance EIC payment			10 Dependent care benefits				
!	9087657							155				
e Employ	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Zachary Wright					272			н 7250				
					13 Stat	ttory Retirement Third-party oyee plan sick pay		12b	1			
550 Joshua Terrace					emp	oyee plan sick pay			558			
1	North Jessica MI 81426-2750				14 Other (see enclosed Notice to Employee)			12c	i			
				ļ			D	225				
							F	12d				
								E	E 455			
	vee's address and ZIP coo											
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income		20 Locality name		
OR	551-14	1-680	102753.13	5222.02		229379.07	32	616.6	2	King Glens		
AZ	337-94	1-554	104962.94	4211.0		147816.56	31	422.2	9	Sonia Rapid		

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

