REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website							
STATEMENT	64	40-51-3081	OMB N	o. 1545-0	008 FAST! Use		*file	at www.i	rs.gov/efile		
b Employer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld			
40-3633089				89786.13			204	20419.36			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Ellis PLC PLC				86567.77			6622.43				
4233 Chase Garden				5	Medicare wages and tips	6 Medicare tax withheld					
					95193.53		2760.61				
Stacyville OK 56954-1526					7 Social security tips			8 Allocated tips			
					86567.77			95193.53			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
9445847								224			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
William Obsis			240			P 6655					
William	William Stein			13 State	utory Retirement loyee plan	Third-party sick pay	12b	1			
599 James Prairie Suite 279				X X			G	G 529			
Leslieville UT 38655-1361					Other (see enclosed Notice	e to Employee) 12c	i			
Lesileville of 50055 1501								592			
			12d								
								004			
								984			
f Employee's address and Z 15 State Employer's state		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	tc. 19	9 Local income t	ax	20 Locality	name	
, ,,, , , , , , , , , , , , , , , , , ,	-92-434	45338.76	5294.1		103837.1		7025.4	-	Bruce		
	JE 131	13333.70	3231.1		100007.1		.,023.4		Drace	1 4 611	
OK 436	-11-608	45227.37	5660.67		63993.22	1	2450.23	3	Sanchez	Square	

Wage and Tax

This information is being furnished to the Internal Revenue Service.

5070 **Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--Internal Revenue Service

-		- F	1it., m.,m.b	1		This information is be	ing furnished	to the Internal D	avanua Canii	o If you are	roquirod	
RE	ISSUED	a Employee's socia	•		to file a tay return, a negligence pens				o the Internal Revenue Service. If you are required alty or other sanction may be imposed on you if			
STA	ATEMENT	64	10-51-3081	OMB No	OMB No. 1545-0008 this income is taxable and you fail to report it.						,	
b Employer identification number				Wages, tips, other compensation			Federal income tax withheld					
40-3633089					89786.13			20419.36				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Ellis PLC PLC					86567.77			6622.43				
4233 Chase Garden Stacvville OK 56954-1526				5 Medicare wages and tips			6 Medicare tax withheld					
				95193.53			2760.61					
3	Stacyville OK 56954-1526			7 Social security tips			8 Allocated tips					
				86567.77			95193.53					
d Control r	number				9	Advance EIC payment		10 Deper	ndent care ber	nefits		
9445847							224					
e Employe	e's first name and initial	Last name)		11 Nonqualified plans			12a See instructions for box 12				
William Stein				240			P 6655					
				13 Statutory Retirement Third-party			12b					
599 James Prairie Suite 279			employee plan sick pay			ے	G 529					
555 bannes fratfre burde 275						12c	323					
Leslieville UT 38655-1361				14 Other (see enclosed Notice to Employee)			120					
							592					
								12d				
								984				
f Employe	e's address and ZIP cod	Э							•			
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 ta	X	20 Locality	name	
AK	509-92	-434	45338.76	5294.1		103837.1	1	7025.4		Bruce	Path	
OK	436-11	-608	45227.37	5660.67		63993.22	1:	2450.23		Sanchez	Square	

Cut here. Keep lower portion for your records.

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

