R	REISSUED	a Employee's socia	l security number			Safe, Acc	urate,	a della	Vi	isit the II	RS Website)
ST	TATEMENT	29	3-66-6168	OMB N	o. 1545-0	008 FAST! U	se	e~fil	at	t www.irs	s.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation			2 Federal income tax withheld			
34-3781501					129524.63			2	27487.51			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Weber, Skinner and Fuller Ltd					165934.8			1:	12694.01			
4890 Michelle Mall					5 Medicare wages and tips			6				
					131289.77				3807.4			
East Angelica NJ 94772-0156					7 Social security tips			8	8 Allocated tips			
						165934.8			131289.77			
d Contro					9 Advance EIC payment			10				
6313112									223			
e Emplo	yee's first name and initial	Last name			11 Nonqualified plans			12a	12a See instructions for box 12			
Lisa Brewer 28741 Raymond Center					247				D 3702			
					13 Statutory Retirement Third-party employee plan sick pay			12b				
									5	95		
	Foleyville VA 82076-9876					14 Other (see enclosed Notice to Employee)			i			
									P 2	46		
								12d	<u> </u>			
									1	.56		
f Emplo	vee's address and ZIP code	e							1			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc. 1	19 Local inco	ome tax		20 Locality na	ame
sc	608-18	-415	67999.47	5504.62	146253.8		23008.	3008.51		Guerrero V	illage	
									_			
NH	470-68	-371	59037.98	7619.5		152618.27	1	16592.	.79		Tonya	Way

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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.

REISSUED a Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are requ							
STATEMENT 293-66-616	MB OMB 1	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	2 Federal income tax withheld				
34-3781501		129524.63			27487.51				
c Employer's name, address, and ZIP code	3 So	3 Social security wages			4 Social security tax withheld				
Weber, Skinner and Fuller Lt		165934.8			12694.01				
4890 Michelle Mall	5 Medicare wages and tips			6	Thousand tax mamoid				
East Angelica NJ 94772-0	156	131289.77				3807.4			
East Angelica NJ 94772-0	136	7 Social security tips			8	8 Allocated tips			
		165934.8			131289.77				
d Control number	9 Ad	9 Advance EIC payment			10 Dependent care benefits				
6313112					223				
e Employee's first name and initial Last name		11 Nonqualified plans 247 13 Statutory Retirement Third-party			12a	12a See instructions for box 12			
						D 3702			
Lisa Brewer					12b				
28741 Raymond Center	employee plan sick pay				595				
Foleyville VA 82076-	9876	14 Ot	14 Other (see enclosed Notice to Employee)			12c			
1010, 1110 111 01070	3070					P 246			
						156			
f Employee's address and ZIP code						130			
15 State Employer's state ID number 16 State wages, t	ips, etc. 17 State income tax	:	18 Local wages, tips	, etc.	19 Local inco	ome tax	20 Locality name		
SC 608-18-415 67999.4	5504.62		146253.8		23008.51		Guerrero Village		
NH 470-68-371 59037.98	7619.5		152618.27	, :	16592.	.79	Tonya Way		

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

