REISSUED a Employee'	s social security number		Safe, Accurate, Visit the IRS Website							
STATEMENT	594-77-8792	OMB N	o. 1545-00	008 FAST! Use	$G^{\sim}$	Tile)	at www.irs.gov/efile.			
<b>b</b> Employer identification number			1 \	Wages, tips, other compensation		2 Federa	I income tax withheld			
45-3240968				231092.82			52894.73			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Shaffer-Hale Inc				227629.73			17413.67			
6955 Hubbard Pass Chenbury SD 02577-3911			5 Medicare wages and tips			6 Medicare tax withheld				
				213333.8		6186.68				
			7 Social security tips			8 Allocated tips				
				227629.73			213333.8			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
4283103							105			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Deanna Williams			131			8947				
			13 Statutory Retirement Third-party employee plan sick pay			12b				
166 King Camp Suite 145			empi	oyee plan sick pay		D	515			
	A 54937-6186		14 (	Other (see enclosed Notice to Employ	ee)	12c				
Ashleyberg CA 54937-6186						P	572			
						12d				
							1			
						H	687			
f Employee's address and ZIP code	_	1		1			1			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		cal income tax	20 Locality name			
UT 160-22-284	118759.97	6461.5		180861.06	443	96.68	Keith Valley			
TN 229-03-998	112910.14	4089.77		288995.42	270	99.94	Aguilar Islands			

Wage and Tax Statement

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.

R	EISSUED	a Employee's soc	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	ATEMENT	5	94-77-8792	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					
45-3240968				231092.82			52894.73					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Shaffer-Hale Inc				227629.73			17413.67					
6955 Hubbard Pass				5 Medicare wages and tips			6 Medicare tax withheld					
Chenbury SD 02577-3911				213333.8			6186.68					
				7 Social security tips			8 Allocated tips					
					227629.73			213333.8				
d Control number				9 Advance EIC payment			10 Dependent care benefits					
4283103							105					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
				131			8947					
Deanna Williams			13 Statutory Retirement Third-party			12b						
166 King Camp Suite 145			emp	oyee plan sick pay		D	515					
			14	Other (see enclosed Notice to Employ	(00)	12c	313					
Ashleyberg CA 54937-6186					14 Other (see enclosed Notice to Employee)							
								P 572				
								12d	1			
								H	687			
f Employ	ee's address and ZIP cod	de					-					
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	_ocal income tax		20 Locality name		
UT	160-22	2-284	118759.97	6461.5	180861.06 44396.68 Ke		Keith Valley					
TN	229-03	3-998	112910.14	4089.77		288995.42	27	099.94		Aguilar Islands		

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

