REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website				
STATEMENT	49	91-38-1029	OMB N	o. 1545-0	008 FAST! U	se	<i>5</i> ~ II	IE	at www.i	rs.gov/efile.		
<b>b</b> Employer identification number				1	1 Wages, tips, other compensation				Federal income tax withheld			
27-5960557					218631.41				56471.15			
c Employer's name, address, a	nd ZIP code			3 Social security wages			4	4 Social security tax withheld				
Le, Williams and Wolfe Ltd					249050.35			19052.35				
668 Joel Via				5 Medicare wages and tips				6 Medicare tax withheld				
Lopezmouth HI 76551-3178				172254.44				4995.38				
Lopeziiouci	Lopezmouth HI 76551-3178				7 Social security tips			8 Allocated tips				
				249050.35				172254.44				
d Control number				9	9 Advance EIC payment			10 Dependent care benefits				
2024686									252			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
Kathryn Knight				133				7177				
				13 Stat	utory Retirement	Third-party	12b					
996 Katherine Squares Suite 796				emp	loyee plan	x sick pay		P	122			
Richardtown ME 38357-8315				14	Other (see enclosed No	ice to Employe	ee) 12c	ĺ				
112011412430411 1111 30307 0313								G	313			
							12d					
								D	919			
f Employee's address and ZIP	code											
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips,	etc.	19 Local inc	come tax		20 Locality name		
ME 503-7	72-083	99994.38	10478.09		165067.13		32580	. 6		Mary Viaduct		
ME 695-3	31-609	100717.23	10410.7		276404.96		25291	.12		Michael Isle		

Wage and Tax

Form W-2 Statement

5070

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.

F	REISSUED	a Employee's soci	•		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						
S	TATEMENT	4:	91-38-1029	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
<b>b</b> Emplo	yer identification number				Wages, tips, other compensation			Federal income tax withheld			
27-5960557				218631.41			56471.15				
c Emplo	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Le, Williams and Wolfe Ltd				249050.35			19052.35				
668 Joel Via				5 Medicare wages and tips			6 Medicare tax withheld				
					172254.44	4995.38					
	Lopezmouth HI 76551-3178				7 Social security tips			8 Allocated tips			
					249050.35			172254.44			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
2024686								252			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Kathryn Knight 996 Katherine Squares Suite 796				133 13 Statutory Retirement Third-party			7177				
				employee plan sick pay			P	122			
	Richardtown ME 38357-8315					14 Other (see enclosed Notice to Employee)			12c		
							G	313			
								12d	1		
							D	919			
f Employee's address and ZIP code					I do la colo como fina de	10.1			00 1		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		10 =====g==,p=, ===		_ocal income ta	x	20 Locality name	
ME	503-72	2-083	99994.38	10478.09		165067.13 32		32580.6		Mary Viaduct	
ME	695-31	-609	100717.23	10410.7		276404.96	25	291.12		Michael Isle	

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

