R	REISSUED	a Employee's socia	I security number			Sa	fe, Accurate,	Re	AHIO.	Visit the	IRS Website	
ST	TATEMENT	38	31-05-4024	OMB N	o. 1545-0	008 FA	ST! Use	G	file	at www.i	rs.gov/efile.	
b Employ	yer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld			
	56-6865021					233941.95			30149.22			
c Emplo	yer's name, address, and 2	IP code			3 Social security wages				4 Social security tax withheld			
West-Holder Inc					167149.64				12786.95			
3833 Andrea Hill Port Barbara PA 75597-3313					5 Medicare wages and tips				6 Medicare tax withheld			
					258680.89				7501.75			
	POIL Balbal	a PA	10091-0010		7 Social security tips				8 Allocated tips			
					167149.64				258680.89			
d Contro	l number				9 Advance EIC payment				10 Dependent care benefits			
	3404860								125			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
					236				P 8463			
Victor Robinson 203 Hill Inlet Murrayburgh OH 57847-0652					13 Statutory Retirement Third-party employee plan sick pay			y	12b			
					14 Other (see enclosed Notice to Employee)				н	309		
								oyee)	12c	1		
									н	452		
								-	12d			
										531		
f Employ	yee's address and ZIP cod	е								1		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local was	ges, tips, etc.	19 Lo	cal income ta	(20 Locality name	
MI	734-21	-982	121160.79	4132.73		254779	9.33	375	22.67		Rowe Trafficway	
NV	690-20	-708	117285.81	4713.03		217686	5.46	360	11.64		Graham Corner	

Wage and Tax

Form W-2 Statement

5010

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.

REISSUED	a Employee's soci	al security number							rvice. If you are required			
STATEMENT	STATEMENT 381-05-4024 OMB N				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					Wages, tips, other compensation			2 Federal income tax withheld				
56-6865021		233941.95			30149.22							
c Employer's name, address, and	ZIP code			3 8	3 Social security wages			4 Social security tax withheld				
West-Holde:		167149.64			12786.95							
3833 Andre	5 N	5 Medicare wages and tips 258680.89			6 Medicare tax withheld							
Don't Don't								7501.75				
Port Barba	7 5	7 Social security tips			8 Allocated tips							
					167149.64			258680.89				
d Control number	d Control number					9 Advance EIC payment			10 Dependent care benefits			
3404860								125				
e Employee's first name and initia	Last nam	е		11 N	11 Nonqualified plans			12a See instructions for box 12				
					236			P 8463				
Victor R	obinson			13 Statutory Retirement Third-party			12b					
203 Hill Inlet					employee plan sick pay X 14 Other (see enclosed Notice to Employee)			н 309	309			
								12c				
Murrayour	Murrayburgh OH 57847-0652											
								H 452				
							120	1				
								531				
f Employee's address and ZIP co					,				_			
15 State Employer's state ID r	umber	16 State wages, tips, etc.	17 State income ta	ax	18 Local wages, tips,	etc. 1	9 Local inco	me tax	20 Locality name			
MI 734-2	1-982	121160.79	4132.73		254779.33	3	37522.	67	Rowe Trafficway			
NV 690-2	0-708	117285.81	4713.03		217686.46	3	36011.	64	Graham Corner			

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

