REISSUED a Employee's social security number			Safe, Accurate	e,	A SHIP	Visit the IRS Website		
STATEMENT 439-58-5399	OMB N	o. 1545-0008	FAST! Use		*file	at www.irs.gov/efile.		
b Employer identification number		1 Wa	ges, tips, other compensat	ion	2 Federa	l income tax withheld		
50-2030092			206703.84			51862.6		
c Employer's name, address, and ZIP code		3 Soc	ial security wages		4 Social s	security tax withheld		
Woods Ltd Inc			197036.89			15073.32		
06086 Brown Dale Susanshire RI 96518-4631			5 Medicare wages and tips			6 Medicare tax withheld		
			20612.19		6397.75			
			7 Social security tips			8 Allocated tips		
			.97036.89			220612.19		
d Control number		9 Adv	ance EIC payment		10 Depend	dent care benefits		
4073626						271		
e Employee's first name and initial Last name		11 Nor	qualified plans		12a See ins	structions for box 12		
Derrick Jarvis			278			P 4589		
			13 Statutory Retirement Third-party employee plan sick pay					
3041 Valerie Drive		employe	e plan sic	крау	н	545		
East Chelsea NJ 75328-2737			14 Other (see enclosed Notice to Employee)					
					P	858		
					12d	030		
						F00		
						589		
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc.	c. 17 State income tax	1	8 Local wages, tips, etc.	19	Local income tax	20 Locality name		
WI 571-31-666 107969.11	7984.29		254919.09		112.04	Young Trafficway		
	7,504.29					Toung Trailicway		
WY 702-07-852 111906.72	6621.05	2	207307.96	25	109.82	Kimberly Via		

Wage and Tax

5070 **Statement** Form W-2

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:	39-58-5399	OMB N	OMB No. 1545-0008 to life 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					
50-2030092				206703.84			51862.6					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Woods Ltd Inc				197036.89			15073.32					
06086 Brown Dale				5 Medicare wages and tips			6 Medicare tax withheld					
					220612.19	6397.75						
Susanshire RI 96518-4631			7 Social security tips			8 Allocated tips						
				197036.89			220612.19					
d Control number			9 Advance EIC payment			10 Dependent care benefits						
4073626						271						
e Employee's first name and initial Last name			11 Nonqualified plans 12a			12a Se	2a See instructions for box 12					
Derrick Jarvis			278			P 4589						
			13 Stat			12b						
3041 Valerie Drive				emp	loyee plan sick pay		H	545				
East Chelsea NJ 75328-2737			14	Other (see enclosed Notice to Employ	ree)	12c	1					
						P	858					
								12d				
									589			
f Emplo	yee's address and ZIP cod	le							· ·			
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 I	Local incom	e tax	20 Locality name		
WI	571-31	-666	107969.11	7984.29		254919.09	34	112.0	4	Young Trafficway		
WY	702-07	7-852	111906.72	6621.05		207307.96	25	109.8	2	Kimberly Via		

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

