| REISSUED a E | mployee's social security number | | | Safe, Ac | curate, | 0 .6 | | Visit the I | RS Webs | ite |
|--|----------------------------------|---------------------|---|------------------------|-------------------------|-------------|--------------------------------|---------------|-------------|--------|
| STATEMENT | 756-85-0496 | OMB No | o. 1545-00 | 008 FAST! U | lse 💮 | G~I | 11e | at www.irs | s.gov/efile | ١. |
| b Employer identification number | | | 1 V | Vages, tips, other com | pensation | 2 | Federa | l income tax | withheld | |
| 63-3915924 | | | | 168863.33 | 3 | | 5261 | 5.83 | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 | 4 Social security tax withheld | | | |
| Hall Inc and Sons | | | 133242.21 | | | : | 10193.03 | | | |
| 3035 Kayla Drive Apt. 618 | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | |
| South Jennifer ND 89735-3907 | | | 213865.35 | | | | 6202.1 | | | |
| South semiffer MD 03/33-330/ | | | 7 Social security tips | | | 8 | 8 Allocated tips | | | |
| | | | | 133242.21 | _ | | | 21386 | | |
| d Control number | | | 9 A | Advance EIC payment | | 10 | Depend | dent care bei | nefits | |
| 2980013 | | | | | | | | 261 | | |
| e Employee's first name and initial | Last name | | 11 N | Nonqualified plans | | 12a | See in: | structions fo | or box 12 | |
| | | | 188 | | | | 2790 | | | |
| Johnny Pat | terson | | 13 Statu | | Third-party sick pay | 12b | | 1 | | |
| 22155 Ann Mountains | | | x plan sick pay 14 Other (see enclosed Notice to Employee) | | | | 674 | | | |
| North Abigai | ee) 12c | 12c | | | | | | | | |
| NOI CII ADIGAI | IL 07570-8309 | | | | | | G | 143 | | |
| | | | | | | 12d | | 1143 | | |
| | | | | | | | | l | | |
| | | | | | | | | 272 | | |
| f Employee's address and ZIP code | T | T | | T | | | | | | |
| 15 State Employer's state ID number | 9 | 17 State income tax | | 18 Local wages, tips | | 19 Local in | | (| 20 Locality | name |
| ID 835-46-4 | 98 83812.82 | 10692.75 | | 192762.09 | 9 | 17999 | 9.38 | | Booth : | Square |
| LA 281-23-1 | 87 84621.77 | 8524.14 | | 141117.97 | 7 | 26018 | 3.47 | | Becky 1 | Radial |

Wage and Tax
W-2 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.

| REISSUED | a Employee's social security number | | | This information is being furnis | | | | | | |
|--|-------------------------------------|----------|----------------------------------|---|----------|--------------------------------|--------------|-------------------|--|--|
| STATEMENT | 756-85-0496 | OMB N | lo. 1545-00 | to file a tax return, a negligeno this income is taxable and you | | | ction may be | imposed on you if | | |
| b Employer identification number | • | • | 1 \ | /ages, tips, other compensation | | 2 Federa | I income tax | withheld | | |
| 63-3915924 | | | | 168863.33 | | | 52615.83 | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Hall Inc and Sons | | | 133242.21 | | | 10193.03 | | | | |
| 3035 Kayla Drive Apt. 618 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | |
| South Jennifer ND 89735-3907 | | | 213865.35 7 Social security tips | | | 6202.1 8 Allocated tips | | | | |
| | | | | | | | | | | |
| d Control number | | | 9 A | dvance EIC payment | 1 | 0 Dependent | dent care be | nefits | | |
| 2980013 | | | | | | | 261 | | | |
| e Employee's first name and initi | al Last name | | 11 N | onqualified plans | 1 | 2a See in | structions f | or box 12 | | |
| | | | | 188 | | | 2790 | | | |
| Johnny | Patterson | | 13 Statu | | 1 | 2b | | | | |
| 22155 Ann | Mountains | | empl | pyee plan sick pay | | | 674 | | | |
| | | | | hther (see enclosed Notice to Emplo | vee) 1 | 2c | | | | |
| North Abi | gail IL 07570-8 | 309 | | , | , , | _ | | | | |
| | | | | | <u> </u> | G | 143 | | | |
| | | | | | 1 | 2d | 1 | | | |
| | | | | | | | 272 | | | |
| f Employee's address and ZIP c | | | | | . [| | | | | |
| 15 State Employer's state ID | 9 | | | 18 Local wages, tips, etc. | | al income tax | (| 20 Locality name | | |
| ID 835-4 | 6-498 83812.82 | 10692.75 | | 192762.09 | 179 | 99.38 | | Booth Square | | |
| LA 281-2 | 3-187 84621.77 | 8524.14 | | 141117.97 | 260 | 18.47 | | Becky Radia | | |

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

