REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT	59	93-76-0127	OMB N	o. 1545-0	0008 FAS	T! Use	6	file	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld			
86-2294842				143384.63				30772.69			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Campbell Ltd PLC				144537.15				11057.09			
3321 Hendrix Crossroad Apt. 010				5 Medicare wages and tips				6 Medicare tax withheld			
Smithville MA 71525-6005				167069.68				4845.02			
SMICHVIIIE MA /1323-0003				7 Social security tips				8 Allocated tips			
				144537.15				167069.68			
d Control number				9	Advance EIC pays	ment	10	0 Depend	dent care be	enefits	
1409163								233			
e Employee's first name and initial Last name				11 Nonqualified plans			1	12a See instructions for box 12			
Katie Patrick				151				E 3177			
Ratie Fattick				13 Statutory Retirement Third-party employee plan sick pay			/ 1	2b	1		
7831 Gregory Union Apt. 529					X			D	801		
New Deborahview NV 76916-6439					Other (see enclos	ed Notice to Emplo	yee) 1	2c	i.		
								G 467			
							1	12d			
									306		
f Employee's address and ZIP co			1		1						
15 State Employer's state ID r		16 State wages, tips, etc.	17 State income tax		18 Local wage	· ·		al income tax	(20 Locality name	
AZ 182-0	7-640	75952.8	6916.03		181886.9 21		2190	1905.75		Butler Village	
PA 551-7	551-71-174 76569.01 7526.99		123612.24 14		1470	4701.77		Coleman Key			

Wage and Tax

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	REISSUED a Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are require to file a tax return, a negligence penalty or other sanction may be imposed on you if							
STATEMENT	593-76-0127	OMB N	o. 1545-00	of the a tax return, a this income is taxable			iction may b	e imposed on you if		
b Employer identification number				Wages, tips, other compensation			Federal income tax withheld			
86-2294842				143384.63			30772.69			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Campbell Ltd PLC				144537.15			11057.09			
3321 Hendrix Crossroad Apt. 010				ledicare wages and tips		6 Medicare tax withheld				
			167069.68			4845.02				
Smithville MA 71525-6005				7 Social security tips			8 Allocated tips			
				144537.15			167069.68			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
1409163							233			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
			151			E 3177				
Katie Pa	trick		13 Statu		Third-party	12b	i			
7831 Gregory Union Apt. 529				employee plan sick pay			D 801			
New Deborahview NV 76916-6439				14 Other (see enclosed Notice to Employee)			12c			
							467			
						12d	1			
							306			
f Employee's address and ZIP of										
15 State Employer's state ID	9	17 State income tax		18 Local wages, tips, etc		Local income ta		20 Locality name		
AZ 182-0	75952.8	6916.03		181886.9	21	L905.75		Butler Village		
PA 551-7	76569.01	7526.99		123612.24	14	1701.77		Coleman Key		

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

