REISSUED a Employee's social security number			Safe, Accı	ırate,			Visit the I	RS Website		
STATEMENT 034-88-4646	OMB No.	1545-000	08 FAST! Us	e e	5~ IL	le :	at www.ir	s.gov/efile.		
b Employer identification number		1 W	ages, tips, other compe	ensation	2	Federal	income tax	withheld		
41-6142066			48252.51			15473.97				
c Employer's name, address, and ZIP code		<b>3</b> So	ocial security wages		4	Social se	ecurity tax v	vithheld		
Strickland Inc Ltd			51288.37			3923.56				
81865 Jeffrey Motorway Suite 100			5 Medicare wages and tips				6 Medicare tax withheld			
East Stephenbury NH 70197-0156			52867.58				1533.16			
Edst Stephenbury Mi 70137 0130			7 Social security tips			8 Allocated tips 52867.58				
			51288.37							
d Control number		9 A	dvance EIC payment		10	•	ent care be	nefits		
741362							230			
e Employee's first name and initial Last name		11 N	onqualified plans		12a	See inst	ructions f	or box 12		
Complem Collins			243			E 1022				
Carolyn Collins			13 Statutory Retirement Third-party employee plan sick pay			1				
29563 Dunn Bridge Suite 289		emplo	yee plan	X		E	515			
Swansonberg CO 08902-9032		14 0	ther (see enclosed Notice	ce to Employee	e) <b>12c</b>	i				
3						D	997			
					12d					
							436			
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, e	etc.	19 Local in	come tax		20 Locality name		
CA 933-70-265 25651.61	1349.39		49037.44	(	6009.	56		Wright Mountains		
MT 369-64-792 25506.11	1106.99		56343.05	•	7872.	77		Johnson Center		

Wage and Tax Statement

Form W-2

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 socia	al security number			This information is being furnish	hed to	the Interna	l Revenue Serv	ice. If you are required	
	TATEMENT	03	34-88-4646	OMB N	OMB 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>b</b> Emplo	yer identification number	•		•	1 V	Vages, tips, other compensation		Federal income tax withheld			
41-6142066			48252.51			15473.97					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Strickland Inc Ltd			51288.37			3923.56					
81865 Jeffrey Motorway Suite 100 East Stephenbury NH 70197-0156			5 Medicare wages and tips			6 Medicare tax withheld					
			52867.58			1533.16					
			7 Social security tips			8 Allocated tips					
			51288.37			52867.58					
<b>d</b> Contro	ol number				9 A	dvance EIC payment		<b>10</b> De	pendent care be	enefits	
	741362								230		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Carolyn Collins 29563 Dunn Bridge Suite 289 Swansonberg CO 08902-9032			243			E 1022					
			13 Statu emple			12b	1				
			14 Other (see enclosed Notice to Employee)			E	515	515			
						12c					
						D	997				
							F	12d			
							436				
f Employee's address and ZIP code						130					
f Emplo	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	l .	18 Local wages, tips, etc.	19 I	ocal incom	e tay	20 Locality name	
CA	933-70		25651.61	1349.39		3, , , , , , , ,		09.56		,	
CA	933-70	7-203	25051.01	1349.39		4903/.44	00	09.36	)	Wright Mountains	
МТ	369-64	-792	25506.11	1106.99		56343.05	78	72.77	,	Johnson Center	

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

