REISS	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website					
STATE	MENT	84	14-37-5170	OMI	IB No. 1545-0	0008 FAS	T! Use	G		<u>و</u>	at www.ii	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld				
66-5680759						206850.28			32112.6				
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld				
Gamble-Anderson Ltd						217089.59			16607.35				
7518 Brown Islands					5	5 Medicare wages and tips				6 Medicare tax withheld			
						247876.62				7188.42			
East	East Chad HI 96823-7335				7					8 Allocated tips			
						217089.59			247876.62				
d Control number					9	9 Advance EIC payment			10 Dependent care benefits				
5715180									161				
e Employee's first	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					240			D 1872					
Corey Brown 41116 Richards Harbors Suite 149						13 Statutory Retirement Third-party employee plan sick pay							
										G 422			
Wil-h D3 00010 0007						14 Other (see enclosed Notice to Employee)				12c			
Kirkbury PA 80219-0637										١.	238		
										12d			
										ĺ			
										P .	581		
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					To a contract of the contract	140 1		140	ocal incon			00 1	
l	•		16 State wages, tips, etc.		tax	18 Local wage	• •	1				20 Locality name	
MT	815-53	-1/2	113482.13	4440.75		199318	.29	360	697.:	34		Robertson Point	
TX	102-81	-057	98529.42	4424.2		214469	. 25	37	627.	37		Sandra Grove	

Wage and Tax 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	REISSUED a Employee's social security number			This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	STATEMENT 844-37-5170			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 Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld				
66-5680759				206850.28			32112.6				
c Employer's name, address	and ZIP code			3 Social security wages			4 Social security tax withheld				
Gamble-Anderson Ltd				217089.59			16607.35				
7518 Brown Islands				5 Medicare wages and tips				6 Medicare tax withheld			
East Chad HI 96823-7335				247876.62 7 Social security tips				7188.42 8 Allocated tips			
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits			
5715180								161			
e Employee's first name and	initial Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
				240			D 1872				
Corey Brown				13 Statutory Retirement Third-party			12b	-0	•		
41116 Richards Harbors Suite 149					oyee plan	sick pay	G	422			
41116 RICHards Harbors Suite 149				Х				422			
Kirkbury PA 80219-0637					14 Other (see enclosed Notice to Employee)			12c			
-								238			
								12d			
							P	581			
f Employee's address and Z	P code						_	1001			
15 State Employer's state		16 State wages, tips, etc.	17 State income tax	1	18 Local wages, tips, e	tc. 19	9 Local income	tax	20 Locality name		
MT 815	-53-172	113482.13	4440.75	199318.29 3		36697.34		Robertson Point			
TX 102	-81-057	98529.42	4424.2		214469.25	3	37627.3	7	Sandra Grove		

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

