REISSUED a Employee's social security number	0145.11 4545.01	Safe, Accurate,	rse v file	Visit the IRS Website		
STATEMENT 673-06-5014	OMB No. 1545-00			at www.irs.gov/efile.		
b Employer identification number	1 \	Vages, tips, other compensation	2 Federa	Federal income tax withheld		
75-5325942		121199.59	3974	39747.89		
c Employer's name, address, and ZIP code	3 3	Social security wages	4 Social	4 Social security tax withheld		
Bentley-Blair and Sons		87929.42		6726.6		
97669 Jenkins Vista	5 1	Medicare wages and tips	6 Medica			
Port Jonathan SC 33365-8860		142893.0		4143.9		
FOIL Jonathan SC 33303-6600	7 5	Social security tips	8 Alloca			
		87929.42		142893.0		
d Control number	9 /	Advance EIC payment	10 Deper	10 Dependent care benefits		
4802733				278		
e Employee's first name and initial Last name	11	Nonqualified plans	12a See ir	12a See instructions for box 12		
John Osborne		129	E	E 4579		
John Osborne	13 Statu	tory Retirement Third-pa oyee plan sick pay	rty 12b			
34733 Taylor Crossroad Apt. 982	етр	pian sick pay		677		
Port Kristina PA 47772-1202	14 (Other (see enclosed Notice to Emp	oloyee) 12c	İ		
				213		
			12d	12d		
			D	711		
f Employee's address and ZIP code				711		
	income tax	18 Local wages, tips, etc.	19 Local income ta	x 20 Locality name		
HI 445-11-334 62595.14 4706	.11	155660.6	22897.87	Sonya Spring		
HI 740-74-859 56413.84 4920	.33	118799.51	14697.85	Robinson Hill		

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.

REIS	SUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
STAT	EMENT	6	73-06-5014	OME	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 ide	Employer identification number			1 \	1 Wages, tips, other compensation			Federal income tax withheld				
75-5325942					121199.59			39747.89				
c Employer's name, address, and ZIP code				3 3	3 Social security wages			4 Social security tax withheld				
Bentley-Blair and Sons					87929.42			6726.6				
97669 Jenkins Vista				5 1	5 Medicare wages and tips 142893.0			6 Medicare tax withheld 4143.9				
Port Jonathan SC 33365-8860												
			7 5	7 Social security tips			8 Allocated tips					
				87929.42			142893.0					
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits				
4802733								278				
e Employee's f	e Employee's first name and initial Last name			11 1	11 Nonqualified plans			12a See instructions for box 12				
John Osborne			12.00	129			E 4579					
				13 Statutory Retirement Third-party employee plan sick pay			I					
34733 Taylor Crossroad Apt. 982							677					
Port Kristina PA 47772-1202			14 (Other (see enclosed Notice to Employ	yee)	12c	ı					
				!			213					
								12d				
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	address and ZIP co		140 00000000000000000000000000000000000	147 000000000000000000000000000000000000		[40.1]	10			100 1		
	nployer's state ID n		16 State wages, tips, etc.	17 State income to	ЗХ	18 Local wages, tips, etc.	'	Local income tax	i	20 Locality name		
HI	445-1	L-334	62595.14	4706.11		155660.6	22	897.87		Sonya Spring		
ні	740-7	4-859	56413.84	4920.33		118799.51	14	697.85		Robinson Hill		

Wage and Tax

Statement Form W-2 Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

