REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT	5	22-31-7398	OMB N	o. 1545-0	008 FAST! U	se	G ~	ile)	at www.ii	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation			2	2 Federal income tax withheld			
54-2601561				177086.15				64717.46			
c Employer's name, address	and ZIP code			3 Social security wages			4	4 Social security tax withheld			
Williams-Ford Group				188170.29				14395.03			
23931 Teresa Expressway East Bobby MO 67293-7166				5 Medicare wages and tips			6	6 Medicare tax withheld			
				150513.97				4364.91			
				7 Social security tips			8	8 Allocated tips			
				188170.29				150513.97			
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
1762132								208			
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12			
Haley Glover			207				E 2079				
			13 Statutory Retirement Third-party			12	12b				
043 Debra Center Suite 059				employee plan sick pay				G 591			
Edwardstad FL 40795-0894				14 Other (see enclosed Notice to Employee)			ree) 12	С			
								P	860		
			12				12d				
							'-	-	1		
									137		
f Employee's address and Z		Transis ii i	Transition in		Train in					Lag I III	
15 State Employer's state		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips			income ta	(20 Locality name	
WI 182	-39-141	89847.8	7724.6		173646.76		2596	9.18		Amanda Shoals	
MN 361	-40-129	92896.67	9264.67		161680.73	l	2207	1.15		Smith Junctions	

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.

	KLIOOOLD	imployee's social security number	OMPA	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	TATEMENT	522-31-7398	OMB N	this income is taxable and you fail to report it.							
b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
54-2601561				177086.15			64717.46				
c Emplo	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Williams-Ford Group				188170.29			14395.03				
23931 Teresa Expressway East Bobby MO 67293-7166				5 Medicare wages and tips			6 Medicare tax withheld				
				150513.97			4364.91				
				7 Social security tips			8 Allocated tips				
				188170.29			150513.97				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	1762132							208			
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Haley Glover			207			E 2079					
			13 Statutory Retirement Third-party employee plan sick pay			12b	1				
043 Debra Center Suite 059				X			G 591				
Edwardstad FL 40795-0894				14 Other (see enclosed Notice to Employee)			12c	I			
			P				860				
							12d	1			
							137				
	yee's address and ZIP code	T	T.= -		T				T		
15 State	Employer's state ID numbe	9	17 State income tax				Local income tax	20 Locality name			
WI	182-39-1	41 89847.8	7724.6		173646.76 25		5969.18		Amanda Shoals		
MN	361-40-1	92896.67	9264.67		161680.73		071.15	Smith Junctions			

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

