REISSUED a Employee's social security number						Safe, Accu	rate,			Visit the	IRS Webs	site		
S	<b>TATEMENT</b>	7	46-49-2448	ОМ	IB No. 1545-00	008 FAST! Use			6	at www.i	rs.gov/efile	е.		
<b>b</b> Employer identification number					1 V	1 Wages, tips, other compensation				2 Federal income tax withheld				
16-7616408						116700.46				31664.79				
c Employer's name, address, and ZIP code					<b>3</b> S	3 Social security wages			4 Social security tax withheld					
Harvey-Riddle Ltd						151205.13				11567.19				
68629 Harris Tunnel					5 N					6 Medicare tax withheld				
						107680.59				3122.74				
Lovefort OR 77377-8810				7 S	7 Social security tips				8 Allocated tips					
						151205.13			107680.59					
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits					
8226468							158							
e Employee's first name and initial Last name					11 N	lonqualified plans	12a See instructions for box 12							
						103				2499				
	Nicole Gonzalez					tory Retirement	12b		•					
30519 Vance Turnpike North Racheltown MI 49948-6898					emple	oyee plan		D 312						
					14 0	Other (see enclosed Notice to Employee)				ı				
									D	128				
							12d							
									н	340				
f Emplo	vee's address and ZIP cod	lo.							11	340				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income	tax	18 Local wages, tips, et	c. 19	9 Local inc	ome tax		20 Localit	y name		
NM	466-32	2-254	55632.14	3182.84		93240.79	1	8517	. 87		Dylan	Keys		
RI	905-69	-887	61978.3	4215.69		119372.98		.5735.46			Beth	Mill		
Wage and Tax						Department of the TreasuryInternal Revenue Service								
Form W-2 Statement			<b>ピロコ</b>	ل يا										

**Statement** Form W-2 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.

REISSU	a Employee's s	a Employee's social security number				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							
STATEM	<b>STATEMENT</b> 746-49-2448 OMB N				0008 this income is ta:				ction may b	e imposea o	n you ir		
b Employer identification number				1	,			2 Federal income tax withheld					
16-7616408					116700.46			31664.79					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld					
Harvey-Riddle Ltd					151205.13			11567.19					
68629 Harris Tunnel				5 Medicare wages and tips				6 Medicare tax withheld					
Lovefort OR 77377-8810					107680.59				3122.74				
					7 Social security tips			8 Allocated tips					
					151205.13				107680.59				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits					
8226468				15					158				
e Employee's first name and initial Last name				11 Nonqualified plans			12:	12a See instructions for box 12					
					103			2499					
Nicole Gonzalez				13 Statutory Retirement Third-party employee plan sick pay				)	1				
30519 Vance Turnpike North Racheltown MI 49948-6898					employee plan sick pay  14 Other (see enclosed Notice to Employee)				312				
									ı				
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									12d				
								Н	340				
f Employee's addres	s and ZIP code												
	r's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	, etc.		income ta	•	20 Locality	/ name		
NM	466-32-254	55632.14	3182.84		93240.79		1851	7.87		Dylan	Keys		
RI	905-69-887	61978.3	4215.69		119372.98	1	1573	5.46		Beth	Mill		

Wage and Tax

**Statement** Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

