RI	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
ST	ATEMENT	13	31-40-0441	OMB	No. 1545-00	008 F /	AST! Use	G	IIIE	at www.i	irs.gov/efile.		
b Employer identification number					1 \	1 Wages, tips, other compensation				2 Federal income tax withheld			
55-6364801						116920.39				16701.06			
c Employe	er's name, address, and 2	ZIP code			3 5	3 Social security wages				4 Social security tax withheld			
Henry-Jones Inc						142950.44				10935.71			
650 Ann Parkway North Rodneyborough VT 50221-9748					5 N	l				6 Medicare tax withheld			
						142535.74				4133.54			
					7 5	7 Social security tips				8 Allocated tips			
						142950.44				142535.74			
d Control number					9 /	9 Advance EIC payment			10 Dependent care benefits				
4013307										152			
e Employee's first name and initial Last name					11 1	11 Nonqualified plans			12a See instructions for box 12				
_						108				4834			
Andrea Horn 6000 Michael Drives Suite 888 Ronnieland WY 51331-7531					13 Statutory Retirement Third-party employee plan sick pay				12b				
						X X State Pay 14 Other (see enclosed Notice to Employee)				D 693			
					14 (
									805				
									12d				
									G	369			
f Employe	ee's address and ZIP cod	e								l .			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income ta:	x	18 Local wa	iges, tips, etc.	19 Loc	al income	ax	20 Locality name		
WA	818-52	-925	58586.71	2405.52		15046	2.83	122	87.86	5	Flynn Wells		
WY	262-43	-126	54233.95	3280.6		11816	0.0	233	21.3	5	Jennifer Lake		

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.

RE	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required								
STA	STATEMENT 131-40-0441 OMB				MB No. 1545-00	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 V	· · · · · · · · · · · · · · · · · · ·			2 Federal income tax withheld				
55	5-6364801			116920.39				16701.06					
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Henry-Jones Inc						142950.44				10935.71			
650 Ann Parkway					5 N	l				6 Medicare tax withheld			
NT.	amth Dadma	- 	VT 50221-	0740		142535.74				4133.54			
NO.	North Rodneyborough VT 50221-9748					7 Social security tips				8 Allocated tips			
						142950.44			142535.74				
d Control nu	umber				9 A	9 Advance EIC payment			10 Dependent care benefits				
4(013307									152			
e Employee	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
_						108				4834			
A	Andrea Horn					13 Statutory Retirement Third-party employee plan sick pay				12b			
6000 Michael Drives Suite 888					X				D 693				
Ronnieland WY 51331-7531						14 Other (see enclosed Notice to Employee)				12c			
Rommiterand Wi Sissi-7551										805			
										12d			
									G	369			
f Employee's address and ZIP code								-	G	309			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tips	, etc. 1	9 Local inc	ome tax		20 Locality name		
WA	818-52	-925	58586.71	2405.52	2	150462.83	3 1	L2287	. 86		Flynn Wells		
WY	262-43	3-126	54233.95	3280.6		118160.0	2	23321	.36		Jennifer Lake		

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

