RE	REISSUED a Employee's social security number					Safe, Acc			IRS Website			
STA	ATEMENT	72	20-18-9685	OMB N	lo. 1545-00	008 FAST! Us	e 🔍		at www.	rs.gov/efile.		
b Employer identification number					1 \	Vages, tips, other compe	ensation	2 F	2 Federal income tax withheld			
40-1508252						195147.69		67	67655.04			
c Employer's name, address, and ZIP code					3 5	Social security wages		4 S	4 Social security tax withheld			
Williams-Chang Inc						203320.03		15	15553.98			
0064 Hicks Tunnel Apt. 888					5 N	Medicare wages and tips		6 M	• modelate tax mamble			
Rachelborough SD 19125-2157						248409.09			7203.86			
Racherborough SD 19125-2157					7 5	Social security tips		8 A	8 Allocated tips			
						203320.03			248409.09			
d Control number					9 /	Advance EIC payment		10 D	ependent care b	enefits		
_	.695038								202			
e Employee's first name and initial Last name					11 1	Nonqualified plans		12a S	12a See instructions for box 12			
Construction Washington						157			8713			
٩	Gregory Young					tory Retirement oyee plan	Third-party sick pay	12b	i			
53617 Johnson Plain					- Cimpi		Jion pay] 1	P 750			
Lake Paulaton AL 32422-7836						Other (see enclosed Noti	ce to Employe	e) 12c	i			
									452			
					ļ			12d	12d			
									161			
f Employe	ee's address and ZIP code	е							1			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips,	etc.	19 Local incor	ne tax	20 Locality name		
ОН	205-78	-137	105331.87	4987.86		152893.21 2		25004.29		Keith Summit		
MN	969-84	-648	96520.99	3771.22		225323.3		38682.	88	Sarah Harbors		

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.

REISSUED	a Employee's soci	al security number				ation is being furni							
STATEMENT	7.	20-18-9685	OMB N	o. 1545-		return, a negligeneris taxable and you			nction may b	e imposea c	n you if		
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld					
40-1508252					195147.69				67655.04				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Williams-Chang Inc					203320.03				15553.98				
0064 Hicks Tunnel Apt. 888					5 Medicare wages and tips				6 Medicare tax withheld				
					248409.09				7203.86				
Rachelboro	Rachelborough SD 19125-2157					7 Social security tips			8 Allocated tips				
					203320.03				248409.09				
d Control number				9 Advance EIC payment				10 Dependent care benefits					
1695038									202				
e Employee's first name and initi	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
						157				8713			
Gregory Young 53617 Johnson Plain					13 Statutory Retirement Third-party employee plan sick pay								
									P 750				
Lake Paul	14 Other (see enclosed Notice to Employee)				12c								
Lake Paulaton AL 32422-7836									452				
									12d				
									161				
f Employee's address and ZIP of			1										
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wage		1.0 =	ocal income ta		20 Localit	y name		
OH 205-7	8-137	105331.87	4987.86		152893	. 21	250	004.29		Keith	Summit		
MN 969-8	4-648	96520.99	3771.22		225323	. 3	386	682.88		Sarah	Harbors		

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

