REISSUED	REISSUED a Employee's social security number							IRS Website			
STATEMENT	33	38-96-7598	OMB N	o. 1545-0	008 <b>FAST!</b>	Use	G~II	le	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number				1 Wages, tips, other compensation			2	2 Federal income tax withheld			
46-8345411				230764.96				24478.71			
c Employer's name, address, and	ZIP code			3 Social security wages				4 Social security tax withheld			
Hammond-Alexander PLC				274048.17				20964.69			
18867 Felicia Plains Suite 566				5 Medicare wages and tips			6				
Wardbury OK 67665-9087				256687.16				7443.93			
wardbury Ok 67665-9067				7 Social security tips			8				
					274048.1	-			2566	87.16	
d Control number					9 Advance EIC payment 10 De			Depend	ependent care benefits		
653497								174			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12			
				177				9107			
Debra Carlson				13 Statutory Retirement Third-party employee plan sick pay			12b		, ,		
145 Paul Harbors					employee plan sick pay			E 716			
Johnton NY 79248-1173					14 Other (see enclosed Notice to Employee)				i		
0000								H	664		
							12d				
									151		
f Employee's address and ZIP co	de										
15 State Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, ti	os, etc.	19 Local in	come tax		20 Locality name	
MO 608-2	1-105	119562.68	8464.03		165177.0	2	37401	87		Madison Plaza	
OK 634-5	3-561	108472.16	7965.22		191222.3	3	31997	.85		Annette Rest	

Wage and Tax

Form W-2 Statement

5010

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.

RE	ISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required						
STA	TEMENT	33	88-96-7598	OMB No	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 identification number				1 V	/ages, tips, other compensation		2 Federal income tax withheld				
46-8345411				230764.96			24478.71				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Hammond-Alexander PLC				274048.17			20964.69				
18867 Felicia Plains Suite 566				5 Medicare wages and tips			6 Medicare tax withheld				
Wardbury OK 67665-9087			256687.16			7443.93					
			7 Social security tips			8 Allocated tips					
				274048.17			256687.16				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
653497							174				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Debra Carlson			177			9107					
			13 Statutory Retirement Third-party employee plan sick pay			12b					
145 Paul Harbors			empio	yee plan sick pay		E	716				
Johnton NY 79248-1173			14 Other (see enclosed Notice to Employee)			12c					
Jointon A1 /3240 11/3						н 664					
						12d					
									1-1		
							151				
f Employee's address and ZIP code  15 State Employee's state ID number 16 State wages, tips, etc. 17 State income tax			18 Local wages, tips, etc. 19		19 Loca	Local income tax		20 Locality name			
MO	608-21		119562.68	8464.03		165177.02		01.87	•	Madison Plaza	
140	008-21		119302.00	0404.03		1031//.02	3/40	) <u> </u>		Madison Plaza	
OK	634-53	-561	108472.16	7965.22		191222.33	3199	97.85		Annette Rest	

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

