REISSUED	a Employee's social security number			Safe, Accurat	te,	A STILL	Visit the IRS Website			
STATEMENT	757-83-5406	OMB N	o. 1545-00	98 FAST! Use		≁file >	at www.irs.gov/efile.			
b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
01-2365032				55713.82			20393.5			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Ray-Foster Inc			43365.58			3317.47				
1128 Melinda Neck Suite 038			5 Medicare wages and tips			6 Medicare tax withheld				
				45023.96		1305.69				
Lake Garystad OH 61460-8259				7 Social security tips			8 Allocated tips			
				43365.58			45023.96			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
5072258							191			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
			181			1458				
Tara H	udson		13 Statut emplo		hird-party ck pay	12b	1			
2964 Baker Isle							108			
East Sara	hview WA 62321	<b>14</b> O	ther (see enclosed Notice to	Employee)	12c	1				
					E	675				
					12d					
							498			
f Employee's address and ZIP co	· · · · · · · · · · · · · · · · · · ·	147 00010 100000		40 1	140		00 1 15			
15 State Employer's state ID n	<u> </u>	17 State income tax		18 Local wages, tips, etc.	-	Local income tax	,			
GA 441-23	3-332 30006.94	1893.31		45049.51 9		321.16	Snyder Road			
SD 620-22	2-311 25796.34	1447.89	70295.6		792.36	Laura Drive				

Wage and Tax
Form W-2 Statement

5070

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.

REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	75	57-83-5406	OMB N	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				Wages, tips, other compensation			2 Federal income tax withheld				
01-2365032				55713.82			20393.5				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Ray-Foster Inc				43365.58			3317.47				
1128 Melinda Neck Suite 038				5 Medicare wages and tips			6 Medicare tax withheld				
Lake Garystad OH 61460-8259				45023.96			1305.69				
				7 Social security tips			8 Allocated tips				
				43365.58			45023.96				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
5072258							191				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Tara Hudson			181			1458					
Tata muuson				13 Statu emple		′	12b	ĺ			
2964 Baker Isle				X			108				
East Sarahview WA 62321-3598					14 Other (see enclosed Notice to Employee)			12c			
ause surumview wir casar saye							E	675			
							12d				
							498				
f Employee's address and ZIP code					T				1		
15 State Employer's state II		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name		
GA 441-	23-332	30006.94	1893.31		45049.51		9321.16		Snyder Road		
SD 620-	22-311	25796.34	1447.89		70295.6	10	792.36		Laura Drive		

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

