REISSUED a Employee's social security number					S	Safe, Accur	ate,		2 HI		Visit the	IRS Webs	ite	
S	TATEMENT	23	38-37-3247	OMB	No. 1545-00	08 F	AST! Use		5~			at www.ii	s.gov/efile) .
b Employer identification number						1 Wages, tips, other compensation				2 Federal income tax withheld				
24-1195873						92245.08				19487.92				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Reed, Howe and Bailey Ltd						80475.03				6156.34				
666 Newman Heights					5 N					6 Medicare tax withheld				
Port Justin IA 27754-4147						76553.8				2220.06				
					7 S	7 Social security tips				8 Allocated tips				
						80475.03				76553.8				
d Control number						9 Advance EIC payment				10 Dependent care benefits				
1511377												117		
e Employee's first name and initial Last name					11 N	11 Nonqualified plans				12a See instructions for box 12				
						114				P 3715				
	Monica N	lorris			13 Statu		etirement	Third-party	1	2b				
535 Baker Ford Suite 669						· ·	X	x sick pay				614		
Lake Ericamouth VA 92916-9367						14 Other (see enclosed Notice to Employee)					i			
										F	I	765		
										2d				
										F		170		
f Emplo	oyee's address and ZIP cod	e							-		•			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	ax	18 Local w	ages, tips, etc	c. 1	19 Loca	al incom	e tax		20 Locality	/ name
PA	537-51	-599	44936.03	2818.63		11327	1.88	1	104	60.4	11		Steven	Radial
CT	909-98	-144	49730.51	3138.7		100390.56		112:	1210.32			King	Port	
Wage and Tax						Department of the TreasuryInternal Revenue Service								
Form W.	C4-4	~ 1			. U									

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.

RE	EISSUED	This information is being furnished to the Internal Revenue Service. If you are required												
ST/	ATEMENT	23	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 Wages, tips, other compensation				2 Federal income tax withheld					
24-1195873						92245.08				19487.92				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Reed, Howe and Bailey Ltd						80475.03				6156.34				
666 Newman Heights					5 Medicare wages and tips				6 Medicare tax withheld					
					76553.8				2220.06					
Port Justin IA 27754-4147						7 Social security tips				8 Allocated tips				
						80475.03				76553.8				
d Control number						9 Advance EIC payment				10 Dependent care benefits				
1511377										117				
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
Monica Norris 535 Baker Ford Suite 669 Lake Ericamouth VA 92916-9367						114				P 3715				
						13 Statutory Retirement Third-party				12b				
						employee plan sick pay			614					
						14 Other (see enclosed Notice to Employee)				12c				
									н 765					
									12d					
									**	170				
									н 170					
15 State	f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					18 Local wages, tips, e	tc.	19 Lc	ocal income ta	(20 Locality	/ name		
PA	537-51		44936.03	2818.63		113271.88	-		460.41		Steven			
	337-31			2010.03		1132/1.00		10-	100.41		sceven	Raulai		
CT	909-98	3-144	49730.51	3138.7		100390.56		112	210.32		King	Port		

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

