RE	ISSUED	a Employee's socia	l security number				Safe, Accurate	, Tree	A HIO	Visit the	IRS Website		
STA	TEMENT	78	34-28-5062	OMB	No. 1545-0	800	FAST! Use		≁file •	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
87-9156526						208846.68				34271.49			
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld			
Williams Inc LLC						269473.09				20614.69			
11560 Lucas Mountain					5	l				6 Medicare tax withheld			
Lake Tammyland CO 23016-9811					192784.18				5590.74				
					7 Social security tips				8 Allocated tips				
						269473.09			192784.18				
d Control number					9	9 Advance EIC payment			10 Dependent care benefits				
605907										114			
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12				
_		•				152			G 8745				
Tony Walker					13 Statutory Retirement Third-party				12b	1			
729 Stone Rue						employee plan sick pay			819				
New Mauricechester MI 61552-5337						14 Other (see enclosed Notice to Employee)							
										121			
									12d				
										122			
										133			
1 7 7 7 7	's address and ZIP code Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		10 Local	wages, tips, etc.	10	Local income ta	v	20 Locality name		
			5		•					^	•		
VT	479-64	-469	113408.09	5967.82		Z144	49.81	29	157.55		Jones Greens		
DE	933-07	-472	98914.37	6631.76		2667	14.91	36	437.82		Hubbard Springs		

Wage and Tax Statement

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	EISSUED	a Employee's soc	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STA	ATEMENT	7	84-28-5062	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 Employe	r identification number				1 Wages, tips, other compensation			2	•		
87-9156526					208846.68			34	34271.49		
c Employer's name, address, and ZIP code					3 Social security wages			4	4 Social security tax withheld		
Williams Inc LLC					269473.09			20	20614.69		
11560 Lucas Mountain Lake Tammyland CO 23016-9811					5 N	Medicare wages and tips		6	6 Medicare tax withheld		
						192784.18			5590.74		
					7 Social security tips				8 Allocated tips		
					269473.09				192784.18		
d Control n	d Control number					9 Advance EIC payment			10 Dependent care benefits		
6	605907								114		
e Employe	e's first name and initial	Last nam	e		11 Nonqualified plans			12a	12a See instructions for box 12		
					152				G 8745		
T	Tony Walker					,	Third-party	12b	12b		
729 Stone Rue New Mauricechester MI 61552-5337					employee plan sick pay				819		
					14 Other (see enclosed Notice to Employee)			a) 12c	12c		
					' `	outer (acc chalased House	to Employe		Ì		
									121		
								12d	1		
									133		
f Employee's address and ZIP code									•		
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		10 =		19 Local inco	ome tax	20 Locality name	
VT	479-64	1-469	113408.09	5967.82		214449.81 2		29157.55		Jones Greens	
DE	933-07	7-472	98914.37	6631.76		266714.91	:	36437.	82	Hubbard Springs	

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

