REIS	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
STATE	MENT	82	5-79-5146	OMB N	o. 1545-0	008 FAST	Use	G	II G	at www.i	rs.gov/efile.		
b Employer ider	b Employer identification number					1 Wages, tips, other compensation				Federal income tax withheld			
38-4055587						194682.51				48140.37			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Weeks Ltd PLC						198654.86				15197.1			
2727 George Place Apt. 171					5 Medicare wages and tips				6 Medicare tax withheld				
-						177940.51				5160.27			
NOT	North Philipburgh CT 22212-9913					7 Social security tips			8 Allocated tips				
						198654.86			177940.51				
d Control number						9 Advance EIC payment 10 D				ependent care benefits			
4405120										202			
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
David Wolf					236				н 7923				
					13 Statutory Retirement Third-party employee plan sick pay			12b		i			
3808 Christine Crossing						X			D 481				
North Rhonda SC 56073-1703					14 Other (see enclosed Notice to Employee)					ı			
									P	798			
						1			12d				
										380			
f Employee's address and ZIP code										1000			
	ployer's state ID nu		16 State wages, tips, etc.	17 State income tax	!	18 Local wages,	tips, etc.	19 Local i	ncome ta:	(20 Locality name		
PA	886-14	-577	92993.46	8874.51		216520.37 24		24570	4570.38		Kim Forest		
HI	141-35	-362	95773.33	7654.32		146811.	45	28633	1.2		Singh Flat		

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	8:	25-79-5146	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 Emplo	b Employer identification number					Wages, tips, other compensation				2 Federal income tax withheld			
38-4055587						194682.51			48140.37				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Weeks Ltd PLC					198654.86				15197.1				
2727 George Place Apt. 171					5 Medicare wages and tips				6 Medicare tax withheld				
					177940.51				5160.27				
	North Philipburgh CT 22212-9913					7 Social security tips				8 Allocated tips			
					198654.86				177940.51				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	4405120								202				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
	David Wolf				236 13 Statutory Retirement Third-party				H 7923				
	3808 Christine Crossing North Rhonda SC 56073-1703					employee plan sick pay			D 12c	481			
						14 Other (see enclosed Notice to Employee)				1			
										798			
								F	12d				
										380			
f Emplo	eyee's address and ZIP con Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc	19 17	ocal income	tay	20 Locality name		
PA.	886-14		92993.46	8874.51		9			570.38		Kim Forest		
FA	000-14	2 -3//	32333.40	00/4.31	210320.37			243		<i>.</i>	KIM FOLEST		
HI	141-35	5-362	95773.33	7654.32		146811.45		286	631.2		Singh Flat		

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

