REISSUED a Employee's social security number			Safe, Accura	ate,		Visit the IRS Website			
STATEMENT 227-74-0853	OMB No.	1545-0008	FAST! Use		*file	at www.irs.gov/efile.			
b Employer identification number		1 Wag	es, tips, other compens	ation	2 Federa	al income tax withheld			
27-5353106			07437.11		75074.23				
c Employer's name, address, and ZIP code			al security wages		4 Social security tax withheld				
Henson-Peterson PLC			62034.05		20045.6				
75148 Robert Square Suite 354 Thompsonchester DE 96725-4061			care wages and tips		6 Medicare tax withheld				
			45902.14		7131.16				
			al security tips		8 Allocated tips				
			62034.05		42 5	245902.14			
d Control number			ince EIC payment		10 Deper	ndent care benefits			
3952420						171			
e Employee's first name and initial Last name	'	11 None	qualified plans		12a See ir	nstructions for box 12			
			228			3552			
Aaron Anderson		13 Statutory employee		Third-party	12b	1			
6486 Ortega Mountains Suite 509			plan X	sick pay		307			
Allenburgh MT 42313-7348			r (see enclosed Notice	to Employee)	12c	1			
1111011011911 111 11010 1010					D	706			
					12d	12d			
						762			
f Employee's address and ZIP code						•			
, , , , , , , , , , , , , , , , , , , ,	17 State income tax		Local wages, tips, etc	. 19	Local income ta	20 Locality name			
IN 265-31-175 110030.62	6518.11	1	59127.52	2	7591.55	Denise Ram			
MA 544-97-241 106850.39	5519.66	2	38128.57	2	8654.12	Michele Vist			

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.

R	REISSUED	a Employee's soci	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
ST	FATEMENT	2:	27-74-0853	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employ	b Employer identification number				Wages, tips, other compensation				Federal income tax withheld			
27-5353106				207437.11			75074.23					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Henson-Peterson PLC				262034.05			20045.6					
75148 Robert Square Suite 354 Thompsonchester DE 96725-4061				5 Medicare wages and tips			6 Medicare tax withheld					
				245902.14				7131.16				
				7 Social security tips			8 Allocated tips					
				262034.05			245902.14					
d Control number				9 Advance EIC payment			10 Dependent care benefits					
3952420						171						
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Aaron Anderson 6486 Ortega Mountains Suite 509			228			3552						
			13 Stat			12b						
			employee plan sick pay			307						
Allenburgh MT 42313-7348			14	Other (see enclosed Notice to Employ	ree)	12c	i					
							D .	706				
						12d	1					
							762					
	yee's address and ZIP coo		T	T.= 2		T					1	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local inco			20 Locality name	
IN	265-31	L-175	110030.62	6518.11		159127.52	27	591.	. 55		Denise Ramp	
MA	544-97	7-241	106850.39	5519.66		238128.57	28	654.	.12		Michele Vista	

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

