REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS	S Website			
STATEMENT 115-44-8337	OMB No. 1545-0008 FAST! Use at www.irs.	gov/efile.			
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax with	thheld			
95-2751695	228330.65 60426.16	60426.16			
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax with	4 Social security tax withheld			
Sutton, Bass and Pennington LLC	233623.94 17872.23	17872.23			
38733 Gonzalez Cliff Apt. 163	3				
East Kelly VT 81237-2771		5126.03			
East Relly VI 61237-2771		8 Allocated tips			
	233623.94 176759	9.8			
d Control number	9 Advance EIC payment 10 Dependent care bene	10 Dependent care benefits			
4175711	228				
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for	12a See instructions for box 12			
	284 D 6359	D 6359			
Steven Holt	13 Statutory Retirement Third-party 12b				
36945 Melendez Circles	x plan sick pay				
Brightfort NJ 77910-4449	14 Other (see enclosed Notice to Employee) 12c				
	н 929				
	12d				
	P 333				
f Employee's address and ZIP code					
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	come tax 18 Local wages, tips, etc. 19 Local income tax 20	D Locality name			
RI 267-82-088 122747.01 1090	.3 212314.95 35910.94 A	ngela Well			
IL 675-78-407 124646.47 1048	.57 215220.46 31148.94 w	illiam Freeway			

Wage and Tax Statement

Form W-2

5010

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 furnis	hed to	the Internal F	evenue Serv	ice If you are required		
	, ,	•	OMPAN	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							
STATEMENT	1.	L5-44-8337	OIVIB IV	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number		1 Wages, tips, other compensation			Federal income tax withheld						
95-2751695			228330.65			60426.16					
c Employer's name, address, and	ZIP code			3	Social security wages		4 Socia	I security tax	withheld		
Sutton, Bass and Pennington LLC			233623.94			17872.23					
38733 Gonzalez Cliff Apt. 163 East Kelly VT 81237-2771			5 Medicare wages and tips			6 Medicare tax withheld					
			176759.8		5126.03 8 Allocated tips						
			7 Social security tips								
					233623.94			1767	59.8		
d Control number		9 Advance EIC payment			10 Dependent care benefits						
4175711			!			228					
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12						
Steven Holt		284			D 6359						
		13 State	tory Retirement Third-party		12b	l .					
36945 Melendez Circles			employee plan sick pay 14 Other (see enclosed Notice to Employee)				898				
Brightfort NJ 77910-4449		12c									
		H				929					
							12d	ī			
			!			P	333				
f Employee's address and ZIP co	de										
15 State Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	_ocal income t	ax	20 Locality name		
RI 267-8	2-088	122747.01	10906.3		212314.95	35	910.94	<u> </u>	Angela Well		
IL 675-78	3-407	124646.47	10482.57		215220.46	31	148.94		William Freeway		

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

