REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website						
STATEMENT 038-77-1939	OMB No. 1545-0008	FAST! Use	<b>E</b> file	at www.irs.gov/efile.			
<b>b</b> Employer identification number	1 Wages, tip	s, other compensation	2 Federa	2 Federal income tax withheld			
20-9757171	5695	59.29	6110	6110.01			
c Employer's name, address, and ZIP code	3 Social sect	urity wages	4 Social	4 Social security tax withheld			
West Inc PLC	5332	23.94	4079	4079.28			
69118 Kimberly Field		vages and tips	6 Medica				
Burtonfort OK 09279-3654		32.74		1788.8			
Burtoniort Ok 092/9-3654	7 Social sec		8 Allocat	8 Allocated tips			
		23.94		61682.74			
d Control number	9 Advance E	IC payment	10 Depen	10 Dependent care benefits			
9108065				243			
e Employee's first name and initial Last name		ed plans	12a See in	12a See instructions for box 12			
Brian Webb			н	н 8590			
		Retirement Third-party	12b	1			
98736 Miller Rue Apt. 047	employee	plan sick pay		651			
Teresamouth FL 57102-1564	14 Other (see	enclosed Notice to Employ	yee) 12c				
			D	891			
			12d	1			
			E	873			
f Employee's address and ZIP code				10.0			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	ncome tax 18 Loca	al wages, tips, etc.	19 Local income ta	x 20 Locality name			
NC 233-10-690 28398.81 2977	.13 6692	21.71	10706.96	John Mills			
VT 989-17-609 30226.7 2706	.39 4645	55.63	7553.05	Kelly Corner			

Wage and Tax

5070 **Statement** Form W-2

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.

F	REISSUED	a Employee's socia	-		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							
S	TATEMENT	03	38-77-1939	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
<b>b</b> Emplo	yer identification number				Wages, tips, other compensation			Federal income tax withheld				
20-9757171			56959.29			6110.01						
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld						
West Inc PLC				53323.94			4079.28					
69118 Kimberly Field Burtonfort OK 09279-3654				5 Medicare wages and tips			6 Medicare tax withheld					
				61682.74			1788.8					
				7 Social security tips			8 Allocated tips					
				53323.94			61682.74					
d Contro	d Control number			9 Advance EIC payment			10 Dependent care benefits					
9108065						243						
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Brian Webb			171			н 8590						
			13 Statutory Retirement Third-party			12b						
98736 Miller Rue Apt. 047			empl	oyee plan sick pay				651				
Teresamouth FL 57102-1564			14 Other (see enclosed Notice to Employee)			12c	ĺ					
							D	891				
				ŀ	12d							
							E 873					
	yee's address and ZIP cod	le										
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		9 Local income tax		20 Locality name		
NC	233-10	-690	28398.81	2977.13		66921.71		.0706.96		John Mills		
VT	989-17	7-609	30226.7	2706.39		46455.63	75	53.0	05		Kelly Corner	

Wage and Tax

**Statement** Form W-2 Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

