REISSUED	a Employee's socia	•				Safe, Accurate,	IRG A	-2 H		Visit the	IRS Website	
STATEMENT	0.9	91-54-3329	OMB	No. 1545-0	800	FAST! Use		1	٤	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld				
99-3522815					105051.77				14395.87			
c Employer's name, address, and ZIP code				3 3	3 Social security wages				4 Social security tax withheld			
Humphrey, Kramer and Haney Inc					125588.61				9607.53			
2585 Brown Road				5 1	l				6 Medicare tax withheld			
Port Candacechester MI 65060-1116					118928.41				3448.92			
FOIL Candacechester MI 05000-1110				7 5	The second secon				8 Allocated tips			
					125588.61				118928.41			
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits				
7715399										228		
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12				
Steven Mason					211			E 8543				
					13 Statutory Retirement Third-party employee plan sick pay							
453 Kelly Throughway					X X				P	186		
Petersonfort ND 25841-7459				14 (14 Other (see enclosed Notice to Employee)							
receisoniore no 25041 /455					-				н	529		
									12d			
									E	405		
f Employee's address and ZIP co	de											
15 State Employer's state ID n		16 State wages, tips, etc.	17 State income ta	ıx	18 Local	wages, tips, etc.	19 1	Local inco	ome tax		20 Locality na	me
WA 225-95	5-411	52886.01	4422.78		1243	96.33	14	158.	67		Johnson Val	lleys
WI 326-10	5-435	55437.88	4429.16		75256.51 12		.2110.29			Austin V	iews	

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.

P	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
	LIGGGED		91-54-3329	OMB	OMP No. 1545 0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT 091-54-3329 OMB No Employer identification number					this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld						
					١.							
99-3522815						105051.77			14395.87			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Humphrey, Kramer and Haney Inc				125588.61			9607.53					
2585 Brown Road				5	Medicare wages and tips		6 Medicare tax withheld 3448.92					
						118928.41						
Port Candacechester MI 65060-1116				7	Social security tips		8 Allocated tips					
					125588.61			118928.41				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
7715399							228					
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Steven Mason				211			E 8543					
				13 Statutory Retirement Third-party employee plan sick pay			12b					
							_	100				
453 Kelly Throughway					X	X		P	186			
Petersonfort ND 25841-7459					14 Other (see enclosed Notice to Employee)			12c	I			
				н				529				
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							_	405				
								E 405				
	ree's address and ZIP cod		Transis in the second	1.= 0		Tion				Lag I III		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.7,7,7,		ocal income tax	20 Locality name			
WA	225-95	-411	52886.01	4422.78		124396.33		4158.67		Johnson Valleys		
WI	326-16	5-435	55437.88	4429.16		75256.51	12:	110.29		Austin Views		

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

