| REISSUED a Employee's social security number | | | Safe, Accurate, Visit the IRS Website | | | | | | |
|-----------------------------------------------|----------------------------|---------------------|------------------------------------------------------------|--------------------------------------|----------|--------------------------------|-------------------------------|--|--|
| STATEMENT | 587-19-3360 | OMB N | o. 1545-00 | 008 FAST! Use | G | Tile) | at www.irs.gov/efile. | | |
| b Employer identification number | | | | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | |
| 86-6801887 | | | | 142450.6 | | | 38815.63 | | |
| c Employer's name, address, and ZIP co | de | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Thompson Ltd Inc | | | 158107.71 | | | 12095.24 | | | |
| 3074 Sharp Cove Suite 180 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | |
| Zavalaville CA 29891-7438 | | | 138292.65 | | | 4010.49 | | | |
| Zavalaville CA 29091-7430 | | | 7 Social security tips | | | 8 Allocated tips | | | |
| | | | | 158107.71 | | | 138292.65 | | |
| d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 3811487 | | | | | | 148 | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans 12a See instructions for bo | | | structions for box 12 | | | |
| Joseph Wood | | | 249 | | | G 3744 | | | |
| | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | · | | |
| 1080 Eric Isle Apt. 172 | | | empio | pyee plan sick pay | | | 780 | | |
| Lake Lee GA 94588-9774 | | | 14 (| Other (see enclosed Notice to Employ | ree) | 12c | l | | |
| | | | | | | P | 878 | | |
| | | | | | | 12d | | | |
| | | | | | | G | 595 | | |
| f Employee's address and ZIP code | | | | | | | , | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | | cal income tax | 20 Locality name | | |
| VA 765-20-6 | 15 73362.69 | 7428.66 | | 135010.92 | 223 | 20.73 | Miller Trace | | |
| NH 546-10-8 | 65199.24 | 6846.92 | | 182545.83 | 188 | 29.24 | Reyes Viaduct | | |

Wage and Tax

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.

5070

Department of the Treasury--Internal Revenue Service

Cut here. Keep lower portion for your records.

| F | REISSUED a Employee's | social security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | |
|--------------------------------------------------------|----------------------------|----------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|----------------------------|---------------|--|--|--|
| | TATEMENT | 587-19-3360 | 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 Employer identification number | | | 1 Wages, tips, other compensation | | | Federal income tax withheld | | | | | |
| 86-6801887 | | | | 142450.6 | | | 38815.63 | | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | |
| Thompson Ltd Inc | | | 158107.71 | | | 12095.24 | | | | | |
| 3074 Sharp Cove Suite 180 Zavalaville CA 29891-7438 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | | |
| | | | 138292.65 | | | 4010.49 | | | | | |
| | | | 7 Social security tips | | | 8 Allocated tips | | | | | |
| | | | | 158107.71 | | | 138292.65 | | | | |
| d Contro | d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 3811487 | | | | | | 148 | | | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans 12a See instructions for box | | | for box 12 | | | | | |
| Joseph Wood | | | 249 | | | G 3744 | | | | | |
| | | | 13 State | tory Retirement Third-party oyee plan sick pay | | 12b | 1 | | | | |
| 1080 Eric Isle Apt. 172 | | | 780 | | | | | | | | |
| Lake Lee GA 94588-9774 | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | | | |
| | | | | | | P | P 878 | | | | |
| | | | | | | | 12d | | | | |
| | | | | | | | G | G 595 | | | |
| | yee's address and ZIP code | _ | | | | , | | | | | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 10 2000 10000 1000 | | 20 Locality name | | | | | |
| VA | 765-20-615 | 73362.69 | 7428.66 | 135010.92 22320.73 | | Miller Trace | | | | | |
| NH | 546-10-887 | 65199.24 | 6846.92 | | 182545.83 | | 829.24 | Reyes Viaduct | | | |

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

