| REISSUED | a Employee's soci | al security number | | | Safe, Ac | curate, | | | Visit the | IRS Website | 9 |
|-----------------------------------------------|-------------------|-----------------------------------------|-----------------------|------------------------------------------------------------|-----------------------------------------|---------|---------------------------------|--------------------------------|-----------|---------------|-------|
| STATEMENT | 8 | 62-39-1771 | OMB N | o. 1545-00 | 008 FAST! U | se | 5~ IL | le | at www.i | rs.gov/efile. | |
| b Employer identification number | | | | 1 Wages, tips, other compensation | | | 2 | Federal income tax withheld | | | |
| 20-9758990 | | | | 92741.81 | | | 1 | 14386.58 | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 | 4 Social security tax withheld | | | |
| Oliver PLC and Sons | | | | 108727.99 | | | 8 | 8317.69 | | | |
| 97985 Park Shoal Apt. 050 | | | | 5 Medicare wages and tips 86896.64 | | | | 6 Medicare tax withheld 2520.0 | | | |
| Port Sonya NE 84879-4926 | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| - - | | | | 108727.99 | | | | 86896.64 | | | |
| d Control number | | | | 9 Advance EIC payment | | | 10 | 10 Dependent care benefits | | | |
| 8541032 | | | | | | | | 176 | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | 12a | 12a See instructions for box 12 | | | | |
| Matthew Robertson | | | | 185 | | | | н 1850 | | | |
| Matchew Robertson | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | 12b | | | |
| 627 Sierra Brook | | | | X | | X | | | 536 | | |
| Bonnieberg LA 64220-2567 | | | | 14 Other (see enclosed Notice to Employee) | | | ee) 12c | 12c | | | |
| | | | | | | | | 606 | | | |
| | | | | | | | 12d | 12d | | | |
| | | | | | | | | P | 362 | | |
| f Employee's address and | | 140 00000000000000000000000000000000000 | 147 00-1-1-1-1 | <u> </u> | 140 1 | | 40 | 1 | | 00 1 | |
| 15 State Employer's sta | | 16 State wages, tips, etc. | 17 State income tax | | 3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 9 Local income tax | | 20 Locality r | |
| NJ 979 | 0-37-634 | 44197.64 | 3316.3 | 84409.92 | | 16944 | 6944.44 | | Carroll | Union | |
| IN 036 | 5-45-508 | 43837.43 | 3801.86 | | 88123.04 | | 9878.79 | | | Hardin ' | Ville |

Wage and Tax

Form W-2 Statement

5070

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 | 1 | | This information is being furnis | shed to | o the Internal Rev | enue Serv | ice. If you are required | | | | | | | | | | | | |
|------------------------------------------------------------------------------|--------------------|----------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------|-----------|--------------------------|--|------------------|--|--|--|-----------|---------------------|--|--------------------------------------|--|---------|--|
| | | 62-39-1771 | OMB N | OMP No. 1545 0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if | | | | | | | | | | | | | | | | | |
| STATEMENT b Employer identification number | 00 | 32-39-1111 | 0.11.5 11 | this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld | | | | | withheld | | | | | | | | | | | | |
| 20-9758990 | | | | 92741.81 | | | 14386.58 | | | | | | | | | | | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | | | | | | | | | | |
| | | | | 108727.99 | | | 8317.69 | | | | | | | | | | | | | | |
| Oliver PLC and Sons 97985 Park Shoal Apt. 050 Port Sonya NE 84879-4926 | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | | | | | | | | | | | |
| | | | | 86896.64 7 Social security tips | | | 2520.0 8 Allocated tips | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | 108727.99 | | | 86896.64 10 Dependent care benefits | | | |
| | | | | | | | | | | | d Control number | | | | 9 | Advance EIC payment | | 10 Depend | | enetits | |
| 8541032 | | | | | | | 176 | | | | | | | | | | | | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | | | | | | | | | | | |
| Matthew Robertson 627 Sierra Brook Bonnieberg LA 64220-2567 | | | | 185 | | | н 1850 | | | | | | | | | | | | | | |
| | | | | 13 Statutory Retirement Third-party sick pay X 14 Other (see enclosed Notice to Employee) | | | 12b | | | | | | | | | | | | | | |
| | | | | | | | 536 | | | | | | | | | | | | | | |
| | | | | | | | 120 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | 606 | | | | | | | | | | | | | | | | | | |
| | | | | | | | 12d | | | | | | | | | | | | | | |
| | | | | | | | P | 362 | | | | | | | | | | | | | |
| 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 | Local income tax | | 20 Locality name | | | | | | | | | | | | |
| NJ 979-3 | 7-634 | 44197.64 | 3316.3 | | 84409.92 | 16 | 944.44 | | Carroll Union | | | | | | | | | | | | |
| IN 036-4 | 5-508 | 43837.43 | 3801.86 | | 88123.04 | 98 | 378.79 | | Hardin Ville | | | | | | | | | | | | |

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

