REISSUED a Employee's social security number					Safe, Accurate, Visit the IRS Website							
S	TATEMENT	67	78-28-1274	OMB	No. 1545-00	08 FAST! Use		≁file >	at www.ir	s.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld				
80-8961916						201877.2			58804.48			
c Employer's name, address, and ZIP code					<b>3</b> S	3 Social security wages			4 Social security tax withheld			
Peters, Gill and Ryan Ltd						159044.75			12166.92			
206 Harvey Club South Melissabury AZ 28468-6366					5 N				6 Medicare tax withheld			
						158938.31			4609.21			
					7 S	7 Social security tips			8 Allocated tips			
						159044.75			158938.31			
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits			
4763034									300			
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12			
					215			8781				
	Kathryn	Wu			13 Statu		d-party	12b	1			
0729 David Coves South Tara MD 93236-8244					empio	employee plan sick pay			G 289			
					14 Other (see enclosed Notice to Employee)			12c				
South fara Fib 53230 0244					!			P	P 426			
								12d				
									771			
4 F		_							//1			
15 State	oyee's address and ZIP code Employer's state ID nur		16 State wages, tips, etc.	17 State income ta:	<u> </u>	18 Local wages, tips, etc.	19	Local income tax	(	20 Locality	name	
TN	843-07	-740	97012.68	12647.35		246396.83	38	3576.89		Blair	Pass	
AR	046-86	-233	100118.5	12738.28		163543.01	36	6495.12		Smith	Dale	
Wage and Tax Department of the TreasuryInternal Revenue Service												

Wage and Tax

**Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return 5070

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records. REISSUED a Employee's social security number 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** 678-28-1274 OMB No. 1545-0008 this income is taxable and you fail to report it. **b** Employer identification number Wages, tips, other compensation Federal income tax withheld 80-8961916 201877.2 58804.48

c Employer's name, address, and ZIP code Social security wages Social security tax withheld 159044.75 Peters, Gill and Ryan Ltd 12166.92 Medicare wages and tips Medicare tax withheld 206 Harvey Club 158938.31 4609.21 South Melissabury AZ28468-6366 Social security tips Allocated tips 159044.75 158938.31 d Control number Advance EIC payment 10 Dependent care benefits 4763034 300 See instructions for box 12 e Employee's first name and initial Last name Nonqualified plans 12a 8781 215 Kathryn Wu 13 Statutory Third-party 12b 0729 David Coves G 289 Other (see enclosed Notice to Employee) 12c South Tara MD 93236-8244 P 426 12d 771 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. 19 Local income tax 20 Locality name TN 843-07-740 97012.68 12647.35 246396.83 38576.89 Blair Pass 046-86-233 100118.5 12738.28 163543.01 AR 36495.12 Smith Dale

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

