| AL 498-80-153 70888.57 6770.19 Wage and Tax Statement | | | | | 148759.95 17024.35 Jessica Brooks Department of the TreasuryInternal Revenue Service | | | | | | |
|--|-------------------|----------------------------|---------------------|-------------------|---|--------------------------------|-------------------------------|---------------------------------|------------------|--|--|
| | 60-75-631 | 65963.52 | 6737.65 | | 161049.75 | | 239.9 | | Dominguez Glens | | |
| | s state ID number | 16 State wages, tips, etc. | 17 State income tax | | 8 Local wages, tips, etc. | | ocal income | | 20 Locality name | | |
| f Employee's address | and ZIP code | | | | | - | 12d P | | | | |
| Alvaradoport VT 82955-3635 | | | | 14 00 | ier (see enclosed Notice to Emp | loyee) |)20 D | 628 | | | |
| 751 David Extensions Apt. 754 | | | | employe 14 Oth | ee plan sick pay er (see enclosed Notice to Emp | 12c | 477 | | | | |
| Stacy Anderson | | | | 13 Statutor | | D 8300 | | | | | |
| e Employee's first name and initial Last name | | | | 11 No | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| 7176015 | | | | | | | 253 | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| | | | | | L58372.11 | 109517.44 | | | | | |
| New Sheilamouth VT 01598-9350 | | | | | L09517.44 cial security tips | 3176.01 8 Allocated tips | | | | | |
| 181 Rodriguez Mill | | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | |
| Valentine Group Group | | | | | 158372.11 | 12115.47 | | | | | |
| c Employer's name, address, and ZIP code | | | | | cial security wages | 4 Social security tax withheld | | | | | |
| 30-8068912 | | | | | L41867.39 | | 37481.89 | | | | |
| b Employer identification number | | | | | ges, tips, other compensation | | 2 Federal income tax withheld | | | | |
| KLIOOOLD | | | | lo. 1545-0008 | | TRSE - | ≁file | | irs.gov/efile. | | |
| REISSUED a Employee's social security number | | | | | Safe, Accurate, | | | Visit the | IRS Website | | |

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.

| 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 | | | | | | | |
|--|---|--------------------|----------------------------|---|--|--|---|--------------------------------|---------------------------------|---------|-----|------------------|
| | TATEMENT | 30 | 67-69-5702 | OMB N | OMB No. 1545-0008 this income is taxable and you fail to report it. | | | | | | | |
| b Emplo | yer identification number | | | | Wages, tips, other compensation | | | | Federal income tax withheld | | | |
| 30-8068912 | | | | 141867.39 | | | | 37481.89 | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | | |
| Valentine Group Group | | | | 158372.11 | | | | 12115.47 | | | | |
| 181 Rodriguez Mill | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | |
| New Sheilamouth VT 01598-9350 | | | | 109517.44 | | | | 3176.01 | | | | |
| | | | | 7 Social security tips | | | | 8 Allocated tips | | | | |
| | | | | 158372.11 | | | | 109517.44 | | | | |
| d Contro | d Control number | | | | 9 Advance EIC payment | | | | 10 Dependent care benefits | | | |
| | 7176015 | | | | | | | | | | 253 | |
| e Emplo | e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | |
| Stacy Anderson | | | | 285 13 Statutory Retirement Third-party | | | | D 8300 | | | | |
| | 2000, | | | | employee plan sick pay | | | | 120 | | I | |
| | 751 David Extensions Apt. 754 | | | | | | | | | H | 477 | |
| | Alvaradoport VT 82955-3635 | | | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | i | |
| | | | | | | | | | D | 628 | | |
| | | | | | | | - | 12d | | | | |
| | | | | | | | | | P | 717 | | |
| f Employee's address and ZIP code | | | | | T | | | | | | T | |
| 15 State | Employer's state ID n | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, ti | | 1 | | ome tax | | 20 Locality name |
| WA | 860-7 | 5-631 | 65963.52 | 6737.65 | | 161049.7 | 5 | 14 | 239 | .96 | | Dominguez Glens |
| AL | 498-80 | 0-153 | 70888.57 | 6770.19 | | 148759.9 | 5 | 17 | 024 | . 35 | | Jessica Brooks |

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

