REISSUED a Employee's social security number		Safe, Accurate,		e IRS Website	
STATEMENT 237-39-6130	OMB No. 1545-000	FAST! Use	at www	v.irs.gov/efile.	
b Employer identification number	1 Wa	ages, tips, other compensation	2 Federal income	tax withheld	
81-7514337		192899.59	42399.66	42399.66	
c Employer's name, address, and ZIP code		cial security wages	4 Social security to	4 Social security tax withheld	
Hudson, Goodman and Martinez and Sons		194274.98	14862.04	14862.04	
65682 Susan Corner		dicare wages and tips			
		176981.7		5132.47	
Williamston MI 30412-0972		cial security tips	8 Allocated tips	8 Allocated tips	
		194274.98	176	981.7	
d Control number	9 Ad	vance EIC payment	10 Dependent care	benefits	
5941718			149		
e Employee's first name and initial Last name	11 No	nqualified plans	12a See instruction	s for box 12	
		289	P 400	P 4008	
James Henderson		y Retirement Third-party	12b		
878 Benjamin Isle		ee plan sick pay	н 470		
Huntfurt CO 07074-4444		ner (see enclosed Notice to Employ	yee) 12c		
			592		
			12d		
			200		
			388		
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	
NH 761-04-003 95667.79 7607		222125.26	36245.12		
701-04-003 95001.19 7007	. 20	L_L_T	70247.12	Perez Canyon	
ID 983-11-110 103965.09 1080	8.09	168143.21	37306.56	Parsons Courts	

Wage and Tax

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.

REISSUED a Employee's social secur	ity number	This information is being furnished to the Internal Revenue Service. If you are required				
STATEMENT 237-3	39-6130	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 \	Vages, tips, other compensation	2 Fede	ral income tax withheld	
81-7514337			192899.59		42399.66	
c Employer's name, address, and ZIP code		3 5	3 Social security wages		4 Social security tax withheld	
Hudson, Goodman and Martinez and Sons			194274.98		14862.04	
65682 Susan Corner		5 1			6 Medicare tax withheld	
			176981.7		5132.47	
Williamston MI 30412-0972		7	7 Social security tips		8 Allocated tips	
			194274.98		176981.7	
d Control number		9 /	Advance EIC payment	10 Depe	ndent care benefits	
5941718					149	
e Employee's first name and initial Last name		11	Nonqualified plans	12a See i	nstructions for box 12	
			289		4008	
James Henderson		13 Statu		,		
878 Benjamin Isle			oyee plan sick pay	' H	470	
Huntfurt CO 07074-4444			Other (see enclosed Notice to Emp	olovee) 12c	1	
			- · · · · · · · · · · · · · · · · · · ·	,,		
			·		592	
				12d	1	
					388	
f Employee's address and ZIP code						
		income tax	18 Local wages, tips, etc.	19 Local income to		
NH 761-04-003 956	667.79 7607	.26	222125.26	36245.12	Perez Canyon	
ID 983-11-110 103	3965.09 1080	8.09	168143.21	37306.56	Parsons Courts	

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

