REISSUED a Employee's social security number					Safe, Accurate	, The		Visit the	IRS Website	
STATEMEN	T 5	66-50-2740	OMB N	o. 1545-0	0008 FAST! Use		≁file •	at www.ir	rs.gov/efile.	
b Employer identification	number			1	Wages, tips, other compensation	on	Federal income tax withheld			
58-1787	1167				161217.28			33315.36		
c Employer's name, add	ress, and ZIP code			3 Social security wages			4 Social security tax withheld			
Green, Hayes and Andrews Ltd				186522.61			14268.98			
520 Brian Plaza				5 Medicare wages and tips			6 Medicare tax withheld			
December 13 44060 6525				165054.93			4786.59			
Brownburgh IA 44868-6535				7 Social security tips			8 Allocated tips			
				186522.61			165054.93			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
3815545							300			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Paul Riley			167			D 2053				
				13 Statutory Retirement Third-party employee plan sick pay			12b			
310 Ryan Branch Apt. 872				sinpidyee plan sick pay			G 355			
Savannahbury NY 14640-3200				14	Other (see enclosed Notice to E	Employee)	12c	ı		
Savamandary NI 14040 3200							E	751		
							12d			
							G	974		
							<u> </u>	9/4		
f Employee's address a 15 State Employer's	state ID number	16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, etc.	19	Local income tax	(20 Locality name	
	38-93-047	81120.45	3238.88		141286.77	_	3888.91		Kelsey Dale	
IL 20	51-63-453	78598.45	3972.56		143011.68	23	3801.97		Hall Parkways	

Wage and Tax
Statement

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.

F	REISSUED	a Employee's soci	al 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					
S	TATEMENT	50	66-50-2740	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 Emplo	b Employer identification number				Wages, tips, other compensation			Federal income tax withheld		
58-1787167				161217.28			33315.36			
c Emplo	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld		
Green, Hayes and Andrews Ltd				186522.61			14268.98			
520 Brian Plaza				5 Medicare wages and tips			Medicare tax withheld			
				165054.93			4786.59			
	Brownburgh IA 44868-6535				7 Social security tips			8 Allocated tips		
				186522.61			165054.93			
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits		
	3815545							300		
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Paul Riley 310 Ryan Branch Apt. 872				167 13 Statutory Retirement Third-party			D 2053			
				employee plan sick pay			126 G	355		
	Savannahbury NY 14640-3200				14 (Other (see enclosed Notice to Em	loyee)	12c		
								E	751	
						12d	751			
								120		
								G	974	
	oyee's address and ZIP cod		T .	T -						
15 State			16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	'	Local income		20 Locality name
SD	238-93	3-047	81120.45	3238.88		141286.77	18	3888.9	1	Kelsey Dale
IL	261-63	3-453	78598.45	3972.56		143011.68	23	3801.9	7	Hall Parkways

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

