REISSUED a Employee's soo	ial security number		Safe, Accurate, Visit the IRS Websit					IRS Website			
STATEMENT 4	17-48-4270	OMB N	o. 1545-000	8 FAST! Use	e ·	<i>5</i> ~11	e	at www.i	rs.gov/efile.		
<b>b</b> Employer identification number			1 Wages, tips, other compensation			2	Federal income tax withheld				
20-6652385				124369.48			24267.2				
c Employer's name, address, and ZIP code	3 Social security wages			4	4 Social security tax withheld						
Webb Ltd and Sons			119061.77			9	9108.23				
3307 Perry Key				5 Medicare wages and tips				6 Medicare tax withheld			
West Briantown PA 70238-0228			95731.26				2776.21				
			7 Social security tips				8 Allocated tips				
				119061.77				95731.26			
d Control number			<b>9</b> Ad	Ivance EIC payment		10	Depende	ent care be	enefits		
1422814							165				
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12				
Rodney Fuller			106				P 8140				
			13 Statutory Retirement Third-party			12b					
32006 Mays Hollow Suite 687			employ	vee plan	sick pay			570			
Port Daniellestad KY 82785-678			<b>14</b> Ot	her (see enclosed Notice	e to Employe	e) 12c	1				
1010 2420100 4.0							P	583			
						12d					
							P	307			
f Employee's address and ZIP code							-	307			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	tc.	19 Local inc	ome tax		20 Locality name		
NC 495-43-031	61714.94	6757.43		106801.23		12696	. 64		Christopher Common		
CO 880-24-299	60655.49	5879.08		107403.31		17995	. 85		Stevenson Drives		

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.

F	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	41	L7-48-4270	OMB I	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	Wages, tips, other compensation			2 Federal income tax withheld				
20-6652385						124369.48			24267.2			
c Employer's name, address, and ZIP code				3	3 Social security wages			4 Social security tax withheld				
Webb Ltd and Sons						119061.77			9108.23			
3307 Perry Key				5	5 Medicare wages and tips			6 Medicare tax withheld				
West Briantown PA 70238-0228						95731.26			2776.21			
					7	7 Social security tips			8 Allocated tips			
						119061.77			95731.26			
d Control number				9	9 Advance EIC payment			10 Dependent care benefits				
1422814								165				
e Employee's first name and initial Last name			11	11 Nonqualified plans			12a See instructions for box 12					
Rodney Fuller					106			P 8140				
				13 State			12b					
32006 Mays Hollow Suite 687				emp	loyee plan sick pay			570				
Port Daniellestad KY 82785-678				14	Other (see enclosed Notice to Employ	ee)	12c	ſ				
1010 24112020044 111 02700 070			!			P	583					
								12d				
								P 307				
f Employee's address and ZIP code												
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax	:	18 Local wages, tips, etc.	19 L	_ocal incom	e tax	20 Locality name		
NC	495-43	3-031	61714.94	6757.43		106801.23	12	696.6	54	Christopher Common		
со	880-24	1-299	60655.49	5879.08		107403.31	17	995.8	35	Stevenson Drives		

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

