REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website					IRS Website		
STATE	MENT 71	L5-26-2596	OMB N	o. 1545-00	008 FAST! Us	e	*file	at www.	irs.gov/efile.		
b Employer identif	ication number			1 \	1 Wages, tips, other compensation			2 Federal income tax withheld			
80-6912381				218822.41			54068.72				
c Employer's name	e, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Ray-Hoover and Sons				283350.7			21676.33				
383 Donna Hollow				5 N	Medicare wages and tips		6 Medicare tax withheld				
Shannonberg MI 18342-3586				191271.79				5546.88			
				7 Social security tips			8 Allo				
				283350.7			191271.79				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
4363571							114				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
				244			E 4654				
Robert Robertson 14083 Levy Ferry Suite 915 Lake Michael NV 82886-7731				13 Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee)			12b				
							D	694	694		
) 12c	ı			
							E	470			
			12d				12d				
								603			
f Employee's add	ress and ZIP code							1000			
	oyer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	etc. 19	9 Local incom	e tax	20 Locality name		
GA	431-70-641	104028.1	7820.38	244172.0 32442.21		1	Dawn Mountain				
мт	129-47-159	108373.09	9537.66		198137.4	3	35996.2	7	Kramer Parkways		

Wage and Tax Statement

5010

Department of the Treasury--Internal Revenue Service

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	l security number		This information is being furnished to the Internal Revenue Service. If you are required					
S	TATEMENT	71	5-26-2596	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			2 Federal income tax withheld		
80-6912381				218822.41			54068.72			
c Emplo	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld		
Ray-Hoover and Sons				283350.7			21676.33			
383 Donna Hollow				5 Medicare wages and tips			6 Medicare tax withheld			
				191271.79			5546.88			
	Shannonberg MI 18342-3586				7 Social security tips			8 Allocated tips		
				283350.7			191271.79			
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits		
	4363571							114		
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12		
Robert Robertson				244			E 4654			
				13 Statutory Retirement Third-party			12b			
14083 Levy Ferry Suite 915				empl	oyee plan sick pay		D	694		
				14 (Other (see enclosed Notice to Employ	·00)	12c	00.		
Lake Michael NV 82886-7731					14 Other (see enclosed Notice to Employee)					
						E 470				
								12d		
				!			603			
f Employee's address and ZIP code										
15 State			16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name
GA	431-70	0-641	104028.1	7820.38		244172.0	324	442.21		Dawn Mountain
мт	129-47	′-159	108373.09	9537.66		198137.4	359	996.27		Kramer 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

