REISSI	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website						IRS Website			
STATE	IENT (608-09-9918	OMB N	o. 1545-00	008 FA	ST! Use	G	file	at www.i	rs.gov/efile.			
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld					
73-0164643					184188.38				40024.36				
c Employer's name	c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Berg-Gray Ltd					147289.56				11267.65				
8604 Eugene Crest				5 Medicare wages and tips				6 Medicare tax withheld					
Garretthaven MI 83705-7344					191355.16				5549.3				
					7 Social security tips				8 Allocated tips				
		147289.56				191355.16							
d Control number					9 Advance EIC payment				10 Dependent care benefits				
9067578									174				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
				279				н 3348					
Jessica Lawrence				13 Statutory Retirement Third-party employee plan sick pay				12b	1				
1762 George Knolls Suite 363					employee plan sick pay				392				
Olsenton ND 37062-8852					14 Other (see enclosed Notice to Employee)				12c				
Oldencon ND 37002 0032								P	P 933				
								12d					
								G	174				
f Employee's add	ess and ZIP code						F		1				
	yer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		19 Lo	19 Local income tax		20 Locality name			
SD	635-29-334	95056.74	3456.59		221928.22 2		225	22581.25		Ashley Prairie			
NE	143-07-155	96800.74	4136.6	143685.47 2		237	23797.43		Turner Station				

Wage and Tax

Statement Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

5070

Cut here. Keep lower portion for your records.

RFI	SSUED	a Employee's socia	l security number			This informa	ation is being furnis	hed to the	Internal	Revenue Sen	rice. If you are required	
	TEMENT	60	8-09-9918	OMB No	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				Wages, tips, other compensation				2 Federal income tax withheld			
73-0164643				184188.38				40024.36				
c Employer's	c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Berg-Gray Ltd					147289.56				11267.65			
8604 Eugene Crest Garretthaven MI 83705-7344				5 Medicare wages and tips				6 Medicare tax withheld				
				191355.16				5549.3				
				7 Social security tips				8 Allocated tips				
				147289.56				191355.16				
d Control number				9 Advance EIC payment			1	10 Dependent care benefits				
9067578									174			
e Employee's first name and initial Last name			11 Nonqualified plans			1	12a See instructions for box 12					
Jessica Lawrence					279 13 Statutory Retirement Third-party			1	H 3348			
17	1762 George Knolls Suite 363				employee plan sick pay				20	392		
Olsenton ND 37062-8852					14 Other (see enclosed Notice to Employee)				12c			
0.000							P 933					
								1	2d			
									G	174		
	s address and ZIP cod		1 -	_		1						
	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		10 ====================================			Local income tax		20 Locality name	
SD	635-29	-334	95056.74	3456.59		221928.22 2		225	2581.25		Ashley Prairie	
NE	143-07	-155	96800.74	4136.6		143685.	47	237	97.4	3	Turner Station	

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

