REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website									
S	TATEMENT	37	75-61-1384	OMB	No. 1545-00	008 FAST!	Use	G		6	at www.i	rs.gov/efile	-
b Employer identification number					1 V	1 Wages, tips, other compensation			Federal income tax withheld				
16-9429703						56384.59			18309.01				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Howell, Scott and Cox Ltd						52873.51				4044.82			
7476 Marshall Course Apt. 655					5 N	gp			6 Medicare tax withheld				
West Marie NJ 24665-9945						59388.49				1722.27			
					7 8	7 Social security tips				8 Allocated tips			
						52873.51				59388.49			
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
1780141										143			
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12				
						223			D 6544				
	Sarah Bro	wn				13 Statutory Retirement Third-party							
118 Stanley Coves Apt. 991					empl	employee plan sick pay				711			
North William WI 24018-0443					14 (	Other (see enclosed	Notice to Employ	yee)	12c		ı		
									P	989			
								Ī	12d		1		
											398		
f Emplo	yee's address and ZIP cod	e						F			1		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	x	18 Local wages, t	ips, etc.	19 L	ocal inc	ome tax	(	20 Locality	name
AK	600-97	-275	25992.09	3594.99		61936.2		10	824	. 6		Dennis I	Passage
WA	234-19	-233	28767.23	2874.81		39627.2		77:	28.2	28		Brooks	Forges
	Wage and Tax						Department of the TreasuryInternal Revenue Service						
Form W-	2 Statem	ent											

**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.

Cut here. Keep lower portion for your records.

F	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you											
S	TATEMENT	3.	75-61-1384	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 Employer identification number					1	Wages, tips, other compensation		2 Federal income tax withheld				
16-9429703						56384.59		18309.01				
<b>c</b> Emplo	c Employer's name, address, and ZIP code					Social security wages		4 Social security tax withheld				
Howell, Scott and Cox Ltd 7476 Marshall Course Apt. 655 West Marie NJ 24665-9945						52873.51		4044.82				
					5	Medicare wages and tips		6 Medicare tax withheld 1722.27				
						59388.49						
					7	Social security tips		8 Allocated tips				
						52873.51		59388.49				
<b>d</b> Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	1780141								143			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
						223		D 6544				
	Sarah Brown 118 Stanley Coves Apt. 991				13 Stat			12b				
					employee plan sick pay							
North William WI 24018-0443					14 Other (see enclosed Notice to Employee)			12c				
					, , , , ,			_				
									P 989			
								12d	İ			
						!			398			
f Employee's address and ZIP code												
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		1		ocal income t	ax	20 Locality name		
AK	600-97	7-275	25992.09	3594.99	61936.2		108	324.6		Dennis Passage		
WA	234-19	9-233	28767.23	2874.81		39627.2		28.28	Brooks Forges			

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

