REISSUED	a Employee's socia	•				Safe, Accu	rate,	115		Visit the	IRS Website	
STATEMENT	54	15-59-2078	OMB N	o. 1545-0	800	FAST! Use				at www.i	rs.gov/efile.	
<b>b</b> Employer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld			
33-1658210				232912.41				6	62133.29			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Bray, Thomas and Dennis and Sons					291772.78				22320.62			
16915 Miller Rue Suite 673				5 Medicare wages and tips				6 Medicare tax withheld				
West Stanley IA 60312-9561					200632.21				5818.33			
west Stanley IA 00312-3301				7 Social security tips				8	8 Allocated tips			
					291772.78				200632.21			
d Control number					9 Advance EIC payment 10 Dependent care benefits					enefits		
3809654								149				
e Employee's first name and initia	I Last name	•		11	Nonqualifi	ed plans		12a	See in	structions	for box 12	
				282				E 2700				
Christopher Sullivan				13 Statutory Retirement Third-party employee plan sick pay				12b		1		
424 Ball Parks Apt. 166				x				P 320				
East Sara WI 36626-5050					14 Other (see enclosed Notice to Employee)					İ		
									D	866		
								12d		i		
										753		
f Employee's address and ZIP co		Land	T.= 2		1		1				T	
15 State Employer's state ID n		16 State wages, tips, etc.	17 State income tax	3.7,1,7,			19 Local income tax		20 Locality name			
OR 559-9	3-681	105096.17	8683.88		218	597.29	4	45317.29			Williams Trail	
MS 909-6	9-817	120367.57	9814.02	181666.9		39311.27			Kari Rest			

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.

	REISSUED	a Employee's soci	al security number			This information is being furnis	shed to	the Internal I	Revenue Serv	rice. If you are required		
	KLIOOOLD		45-59-2078	OMB N	OMP No. 1545 0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT 545-59-2078 OMB N Employer identification number				this income is taxable and you fail to report it.  1 Wages, tips, other compensation 2 Federal income tax withheld							
33-1658210					232912.41	62133.29						
c Employer's name, address, and ZIP code					3	Social security wages	4 Social security tax withheld					
1						, ,	•					
Bray, Thomas and Dennis and Sons					291772.78	22320.62 6 Medicare tax withheld						
16915 Miller Rue Suite 673 West Stanley IA 60312-9561				5	Medicare wages and tips	• modelate tax mamble						
					200632.21	5818.33						
				7	Social security tips	8 Allocated tips						
				291772.78			200632.21					
d Control number				9 Advance EIC payment			10 Dependent care benefits					
3809654							149					
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
				282			E 2700					
Christopher Sullivan			13 Stat		12b	2,00						
_				employee plan sick pay				5 200				
424 Ball Parks Apt. 166				X	X		P	320				
East Sara WI 36626-5050				14	Other (see enclosed Notice to Employ	12c	ì					
							D	866				
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	yee's address and ZIP cod		140 00000000000000000000000000000000000	147 0000		I do I and a series of	140			00 1		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3, , , , , ,		_ocal income		20 Locality name		
OR	559-93	-681	105096.17	8683.88	218597.29 4		45	317.29	9	Williams Trail		
									_			
MS	909-69	69-817   120367.57   9814.02		9814.02	181666.9			311.2	Kari Rest			

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

