REI	ISSUED	a Employee's socia	security number				Safe, Accu	ırate,		ile)	Visit the	IRS Website	
STA	TEMENT	35	4-26-5152	OMB N	o. 1545-0	800	FAST! Us	e	G~L	IIE	at www.i	rs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation				2	2 Federal income tax withheld			
92-4094670					183862.68					63453.52			
c Employer's name, address, and ZIP code					3 Social security wages				4	4 Social security tax withheld			
Burton, Peters and Mitchell Group					162021.27					12394.63			
924 Fitzgerald Alley					5 Medicare wages and tips				6				
_						138732.62				4023.25			
Lake Joseph NJ 29326-2909						7 Social security tips				8 Allocated tips			
						162021.27				138732.62			
d Control number						9 Advance EIC payment			10				
	232586								220				
e Employee's first name and initial Last name					11 Nonqualified plans				128	12a See instructions for box 12			
					141					1619			
Michael Hampton					13 Statutory Retirement Third-party employee plan sick pay				121	)	1		
4581 Mary Manor Apt. 944						noyee	plan	X		G	126		
Rebeccaberg ID 92314-7755						14 Other (see enclosed Notice to Employee)				12c			
										E	298		
										12d			
										_	E 2 1		
									-	P	531		
	's address and ZIP cod- Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ļ	18 Loca	l wages, tips, e	etc.	19 Local	income ta	x	20 Locality name	
VT	260-88	-462	89760.38	4379.79			45.3		2895	5.51		Christopher Fork	
				†		- <b> </b>						†i	
LA	983-79	-585	92016.78	4606.43		1908	42.01		2118	3.06		Thomas Overpass	

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.

REISSUED a Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are required							
<b>STATEMENT</b> 354-26-5152	OMB No. 1545-0	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 Federa	2 Federal income tax withheld					
92-4094670		183862.68	6345	63453.52					
c Employer's name, address, and ZIP code	3	Social security wages	4 Social	4 Social security tax withheld					
Burton, Peters and Mitchell Group		162021.27	1239	12394.63					
924 Fitzgerald Alley	5	Medicare wages and tips	6 Medica	• modical o tax mamoid					
Lake Joseph NJ 29326-2909		138732.62		4023.25					
Lake Joseph No 23320-2303	7	Social security tips	8 Allocat	8 Allocated tips					
		162021.27		138732.62					
d Control number	9	Advance EIC payment	10 Depen	10 Dependent care benefits					
1232586				220					
e Employee's first name and initial Last name	11	Nonqualified plans	12a See in	12a See instructions for box 12					
		141		1619					
Michael Hampton	13 Stat		12b						
4581 Mary Manor Apt. 944	emp X	loyee plan sick pay	G	126					
Rebeccaberg ID 92314-7755	14	Other (see enclosed Notice to Emplo	yee) 12c	12c					
Rebeccabely 1D 92314-1133			E	298					
				12d					
			1 - 2	1					
			P	531					
f Employee's address and ZIP code  15 State	te income tax	140	19 Local income tax						
		18 Local wages, tips, etc.							
VT 260-88-462 89760.38 437	9.79	212645.3	28955.51	Christopher Fork					
LA 983-79-585 92016.78 460	6.43	190842.01	21183.06	Thomas Overpass					

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

