R	REISSUED	a Employee's socia	l security number				Safe, Accu	ırate,			Visit the	IRS Webs	ite	
ST	<b>TATEMENT</b>	38	32-72-7647	OMB N	lo. 1545-0	8000	FAST! Us	e 🔍	e~fi	E	at www.i	rs.gov/efile	).	
<b>b</b> Employer identification number						1 Wages, tips, other compensation				2 Federal income tax withheld				
53-0964067						231335.28				42049.35				
c Emplo	yer's name, address, and 2	ZIP code			3	3 Social security wages				4 Social security tax withheld				
Hart and Sons LLC						164987.23				12621.52				
717 Hall Plain Suite 748 Wilkinsonton MD 03157-8085					5 Medicare wages and tips				6					
					295031.09					8555.9				
					7 Social security tips				8	8 Allocated tips				
					164987.23					295031.09				
d Control number					9 Advance EIC payment				10	10 Dependent care benefits				
	9942170				1					180				
e Employee's first name and initial Last name					11 Nonqualified plans				12a	12a See instructions for box 12				
William Neal 8801 Wright Underpass Apt. 679					123					D 3743				
					13 Statutory Retirement Third-party employee plan sick pay				12b					
										D	681			
Hamptonshire OK 30234-8029						14 Other (see enclosed Notice to Employee)				12c				
namponomize on solo 1 oolo										D	470			
									12d	12d				
											555			
	yee's address and ZIP cod										•			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Loca	l wages, tips, e	etc.	19 Local inc	ome tax		20 Locality	/ name	
SD	457-52	-987	125700.3	8746.97		2284	138.8	4	40969	. 66		Berry	Cliff	
MN	399-27	-067	120698.0	9375.66		2371	.28.75	2	23565	.73		Mcdaniel T	rafficway	

Wage and Tax

Form W-2 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.

	EISSUED	a Employee's soci	•	0151	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT 302 72 7047				this income is taxable and you fail to report it.							
<b>b</b> Employer identification number					1 \	Wages, tips, other compensation		Federal income tax withheld				
53-0964067						231335.28		42049.35				
c Employer's name, address, and ZIP code						Social security wages	4 Social security tax withheld					
Hart and Sons LLC						164987.23		12621.52				
717 Hall Plain Suite 748					5 1	Medicare wages and tips	6 Medicare tax withheld					
						295031.09		8555.9				
'	Wilkinsonton MD 03157-8085					Social security tips		8 Allocated tips				
						164987.23		295031.09				
<b>d</b> Contro	d Control number					Advance EIC payment		10 Dependent care benefits				
	9942170							180				
e Employ	e Employee's first name and initial Last name					Nonqualified plans	12a See instructions for box 12					
William Neal				13 Statu	123 story Retirement Third-party	12b						
8801 Wright Underpass Apt. 679 Hamptonshire OK 30234-8029					employee plan sick pay			D	681	681		
					14 (	Other (see enclosed Notice to Employ	12c	i				
							D	470				
							F	12d	,			
								555				
f Employ 15 State	ee's address and ZIP coe Employer's state ID ne		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10 1	ocal income	tav	20 Localit	v name	
SD	, ,		9	8746.97		9					·	
עפ	457-52	2-901	125700.3	0/40.9/	228438.8 40			969.60	) 	Berry	Cliff	
MN	399-27	7-067	120698.0	9375.66		237128.75	23	565.73	3	Mcdaniel 5	Frafficway	

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

