

		<b>a</b> Employee's social security number 27-67-7648		OMB No. 1545-0008									
<b>b</b> Employer identification number (EIN) 63-3953795			<b>1</b> Wages, tips, other compensation \$130,193.00		<b>2</b> Federal income tax withheld \$27,340.53								
<b>c</b> Employer's name, address and ZIP code  Ethical Choice 3670 9th St Hudson, AZ 10301			<b>3</b> Social security wages \$135,400.72		<b>4</b> Social security tax withheld \$24,372.13								
			<b>5</b> Medicare wages and tips \$135,400.72		<b>6</b> Medicare tax withheld \$25,726.14								
			<b>7</b> Social security tips \$12,186.06		<b>8</b> Allocated tips \$2,680.93								
<b>d</b> Control number ZF6431705			<b>9</b>		<b>10</b> Dependent care benefits								
<b>e</b> Employee's first name and initial Last name Suff.  Florence H Chambers 88298 6th St Centerville, IN 75350			<b>11</b> Nonqualified plans			<b>12a</b> See instructions for box 12							
			<b>13</b> <table border="0"> <tr> <td>Statutory employee</td> <td>Retirement Plan</td> <td>Third-party sick pay</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			Statutory employee	Retirement Plan	Third-party sick pay	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>12b</b>	
			Statutory employee	Retirement Plan	Third-party sick pay								
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
<b>14</b> Other			<b>12c</b>										
			<b>12d</b>										
<b>f</b> Employee's address and zip code													
<b>15</b> State AZ	Employer's state ID number 63-3953795	<b>16</b> State wages, tips, etc. \$130,193.00	<b>17</b> State income tax \$24,736.67	<b>18</b> Local wages, tips, etc. \$130,193.00	<b>19</b> Local income tax \$6,509.65	<b>20</b> Locality name Hudson							