F	REISSUED	a Employee's socia	al security number			Safe	Accurate,	e O		Visit the	IRS Website	
S	TATEMENT	10	7-41-1388	OMB N	o. 1545-(0008 FAS	Γ! Use		'file	at www.i	rs.gov/efile.	
b Emplo	yer identification number				1	1 Wages, tips, other compensation			2 Federal income tax withheld			
25-4904377					106876.37				16645.06			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Bailey-Gross and Sons					95686.59				7320.02			
2965 James Manors Suite 021				5 Medicare wages and tips				6 Medicare tax withheld				
Charleton have and OK 02000 0001					93749.0				2718.72			
Christopherburgh OK 23062-2861					7 Social security tips				8 Allocated tips			
					95686.59				93749.0			
d Contro	ol number				9 Advance EIC payment				10 Dependent care benefits			
	6605302								248			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
Virginia Smith 917 April Isle New Taylor IL 20087-0048					260				G 1318			
					13 Statutory Retirement Third-party employee Plan Sick pay 14 Other (see enclosed Notice to Employee)			'	12b	i		
									G 43			
								yee)	12c			
										938		
									12d			
										131		
f Employee's address and ZIP code								_		131		
15 State	Employer's state ID nur		16 State wages, tips, etc.	17 State income tax		18 Local wages	, tips, etc.	19 Lo	ocal income tax	:	20 Locality name	
VT	915-96	-549	58480.64	6080.78		129924.	11	152	289.43		Rodriguez Row	
NJ	772-28	-872	48561.62	4408.71		100234.	74	171	L58.68		Debent Tel	
MO	112-20	-012	40301.02	24U0./I		100234.	/ 12	1 / 1	130.00		Robert Island	

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

5010

Department of the Treasury--Internal Revenue Service

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 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT 107 41 1300				this income is taxable and you fail to report it.						
•	yer identification number	1 Wages, tips, other compensation			Federal income tax withheld						
25-4904377					106876.37			16645.06			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Bailey-Gross and Sons					95686.59			7320.02			
2965 James Manors Suite 021					5 Medicare wages and tips			6 Medicare tax withheld			
Christophorburgh OK 22062-2861				93749.0			2718.72				
	Christopherburgh OK 23062-2861				7 Social security tips			8 Allocated tips			
		95686.59			93749.0						
d Contro	l number			9 Advance EIC payment			10 Dependent care benefits				
	6605302					248					
e Emplo	yee's first name and initial Last n	ame		11 Nonqualified plans			12a See instructions for box 12				
Virginia Smith 917 April Isle				260 13 Statutory Retirement Third-party employee plan sick pay			G 1318 G 433				
										New Taylor IL 20087-0048	
_							938				
							12d				
					131						
f Emplo 15 State	yee's address and ZIP code	46 State was a time at	17 State income tax		140	10	Local income tax		20		
	Employer's state ID number	16 State wages, tips, etc.		3.,,,,,,,					20 Locality name		
VT	915-96-549	58480.64	6080.78		129924.11 1		L5289.43		Rodriguez Row		
NJ	772-28-872	48561.62	4408.71		100234.74		158.68	Robert Island			

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

