REISSUED a Emplo	oyee's social security number		Safe, Accurate, Visit the IRS Webs					IRS Website			
STATEMENT	831-09-4122	OMB N	o. 1545-000	8 FAST!	Use	G~IL	le	at www.i	rs.gov/efile.		
b Employer identification number			1 W	1 Wages, tips, other compensation				2 Federal income tax withheld			
04-4222837				130398.18				48064.5			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Barton, Graves and Kelley and Sons				107512.44				8224.7			
0658 Antonio Bridge			5 Medicare wages and tips				6 Medicare tax withheld				
Garyport WA 46316-4303			144606.63				4193.59				
Galypoic WA 40310-4303			7 Social security tips			8					
				107512.44			144606.63				
d Control number			9 Advance EIC payment			10	10 Dependent care benefits				
9684292							106				
e Employee's first name and initial	Last name	•	11 No	onqualified plans		12a	See ins	structions	for box 12		
			209				D 8662				
Miranda Conway			13 Statutory Retirement Third-party employee plan sick pay			12b					
160 Neal Field				X Sick pay			E 592				
Toddburgh RI 10940-8122				14 Other (see enclosed Notice to Employee)				1			
							E	419			
						12d	12d				
							Н	592			
f Employee's address and ZIP code								l.			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages,	tips, etc.	19 Local in	come tax	(20 Locality name		
UT 840-07-239	60157.63	2272.23	139243.17 2		25326	5326.73		Rodriguez Flats			
IA 470-79-799	62676.45	2368.29		159855.	45	13308	.46		Brady Lights		

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.

F	REISSUED	a Employee's soci	•		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						
S	TATEMENT	8	31-09-4122	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
04-4222837				130398.18			48064.5				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Barton, Graves and Kelley and Sons					107512.44			8224.7			
0658 Antonio Bridge					5 Medicare wages and tips			6 Medicare tax withheld			
			144606.63				4193.59				
Garyport WA 46316-4303				7 Social security tips				8 Allocated tips			
				107512.44			144606.63				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
9684292							106				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Miranda Conway			209 13 Statutory Retirement Third-party			D 8662					
	-			employee plan sick pay							
160 Neal Field			X				E	592			
	Toddburgh RI 10940-8122			14 Other (see enclosed Notice to Employee)			12c		I		
							E	419			
						12d					
								н	592		
f Emplo	yee's address and ZIP co	de								ı	
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Docal income tax			20 Locality name
UT	840-0	7-239	60157.63	2272.23		139243.17 25		25326.73			Rodriguez Flats
IA	470-79	9-799	62676.45	2368.29		159855.45	13	308	.46		Brady Lights

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

