REIS	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website			
STAT	EMENT	27	7-19-3875	OMB N	lo. 1545-0	0008 FAST! U:	se	5 ~1	ile	at www.i	rs.gov/efile.	
b Employer ide	entification number				1	1 Wages, tips, other compensation			Federal income tax withheld			
46-9877168						84312.66			15226.28			
c Employer's n	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Patel PLC Inc					67791.98				5186.09			
09373 Turner Wells				5 Medicare wages and tips				6 Medicare tax withheld				
Jamesstad NH 69448-3206					65460.2				1898.35			
					7 Social security tips				8 Allocated tips			
						67791.98			65460.2			
d Control number					9 Advance EIC payment			10	10 Dependent care benefits			
785	53224								282			
e Employee's f	first name and initial	Last name			11	11 Nonqualified plans			12a See instructions for box 12			
Mary Townsend				193 13 Statutory Retirement Third-party			12b	G 3278				
775 Mosley Cove Suite 784				employee plan sick pay				D 506				
Nelsonport SD 79593-1520					14 Other (see enclosed Notice to Employee)					1		
•				P					164			
								12d	12d			
									D	249		
f Employee's address and ZIP code												
	mployer's state ID numb		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,		19 Local i		(20 Locality name	
IA	558-96-	620	42188.34	2952.24		68466.87 1		13012	3012.48		Kathryn Fields	
NM	636-82-	583	46333.33	2987.63		82610.93		12804	4.14		Anna Hills	

Wage and Tax

Form W-2 Statement

5070

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.

	REISSUED	a Employee's socia	al security number			This information is being furnis	hed to	the Internal Re	venue Serv	ice. If you are required		
	CLIOGOLD	' '	77-19-3875	OMB N	OMP No. 1545 0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT 277-19-3875 OMB N Employer identification number				this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld							
46-9877168					84312.66			15226.28				
		7ID			3 Social security wages			4 Social security tax withheld				
c Employer's name, address, and ZIP code					, g			*				
Patel PLC Inc					67791.98			5186.09				
09373 Turner Wells Jamesstad NH 69448-3206					5 Medicare wages and tips			6 Medicare tax withheld				
					65460.2			1898.35				
					7 Social security tips			8 Allocated tips				
					67791.98			65460.2				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	7853224								282			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
					193			G 3278				
	Mary Townsend				13 Statutory Retirement Third-party			12b	10-10			
555 W 1 0 0 1 504					employee plan sick pay			_	D 506			
	775 Mosley Cove Suite 784					x						
Nelsonport SD 79593-1520					14 Other (see enclosed Notice to Employee)			12c				
									P 164			
							F	12d				
								_	0.40			
								D 249				
	yee's address and ZIP cod		10.00	147 0000		I do I and a service	140			00 1		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		J		ocal income ta	20 Locality name			
IA	558-96	-620	42188.34	2952.24		68466.87		3012.48		Kathryn Fields		
NM	636-82	2-583	46333.33	2987.63	82610.93		12	804.14	Anna Hills			

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

