REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Wel	osite			
STATEMENT 376-30-8843	OMB No. 1545-0008 FAST! Use at www.irs.gov/ef	ile.			
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld	Federal income tax withheld			
05-0653478	87376.93 30506.24	30506.24			
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld	4 Social security tax withheld			
Burch, Herring and Burgess and Sons	102626.66 7850.94	7850.94			
88858 Troy Plaza Suite 516	5 Medicare wages and tips 6 Medicare tax withheld				
West Jenna OH 87395-0664		2706.1			
West beima on 67393-0004		8 Allocated tips			
		93313.81			
d Control number	9 Advance EIC payment 10 Dependent care benefits				
9328221	195				
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12	12a See instructions for box 12			
Tanaha Telahan	226 D 5482	D 5482			
Jamie Khan	13 Statutory Retirement Third-party 12b				
3679 Lawrence Stravenue Apt. 918	employee plan sick pay 648				
Lake Edward WI 83285-7008	14 Other (see enclosed Notice to Employee) 12c				
	D 706				
	12d				
	н 850				
f Employee's address and ZIP code					
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	come tax 18 Local wages, tips, etc. 19 Local income tax 20 Local	lity name			
MS 265-92-571 46007.54 3414	8 93107.18 13141.36 Amand	a Lakes			
AL 090-01-284 47457.49 5626	1 85590.54 11880.57 carrol	l Rapids			

Wage and Tax Statement

Form W-2

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.

RF	ISSUED	a Employee's socia	I security number		This information is being furnished to the Internal Revenue Service. If you are required							
	TEMENT	37	76-30-8843	OMB N	OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.							
	identification number	I			1 V	Vages, tips, other compensation	ian to		eral income ta	x withheld		
05-0653478				87376.93			30506.24					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Burch, Herring and Burgess and Sons				102626.66			7850.94					
88858 Troy Plaza Suite 516 West Jenna OH 87395-0664				5 Medicare wages and tips			6 Medicare tax withheld					
				93313.81			2706.1					
				7 Social security tips			8 Allocated tips					
				102626.66			93313.81					
d Control number				9 Advance EIC payment 10 Dependent care benefits				enefits				
9328221				195								
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 12				for box 12					
Jamie Khan 3679 Lawrence Stravenue Apt. 918				226 13 Statutory Retirement Third-party			D 5482					
				emple		12b	648					
				14 (Other (see enclosed Notice to Employ	(00)	12c					
Lake Edward WI 83285-7008			Office (see discosed Notice to Employee)				1					
						D	706					
		12d				1						
						H	850					
	e's address and ZIP coo		•				[
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		_ocal income		20 Locality na	me	
MS	265-92	2-571	46007.54	3414.8		93107.18	13	141.3	6	Amanda La	akes	
AL	090-01	284	47457.49	5626.1		85590.54	11	880.5	7	Carroll Ra	apids	

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

