REISS	UED	a Employee's socia	•			S	afe, Accurate,	IRe 🖸	-/GH		Visit the	IRS Website	
STATE	/IENT	12	2-58-2268	OMB N	o. 1545-0	0008 <b>F</b>	AST! Use		≁fi	ظ	at www.ii	rs.gov/efile.	
<b>b</b> Employer identif	ication number				1 Wages, tips, other compensation				Federal income tax withheld				
80-2130083					179715.95				36352.46				
c Employer's nam	c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Whit	Whitaker-Abbott LLC					159854.26				12228.85			
8628 Pennington Square				5 Medicare wages and tips				6 Medicare tax withheld					
				228239.81				6618.95					
Johnsonview KY 35158-0958					7 Social security tips				8 Allocated tips				
						159854.26				228239.81			
d Control number	d Control number					9 Advance EIC payment			10 Dependent care benefits				
1991	589								199				
e Employee's first	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
3					155				D 4806				
Amar	Amanda Carroll				13 Statutory Retirement Third-party employee plan sick pay				12b		i		
220 Foley Ford Suite 426						employee plan slok pay				P	538		
Landryside VT 54626-5244					14 Other (see enclosed Notice to Employee)				12c		I		
										D	966		
								12d					
										E	520		
f Employee's add													
15 State Emplo	oyer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local w	ages, tips, etc.	19 L	ocal inc	ome tax		20 Locality name	
CA	182-55	-525	92586.46	10065.8		14902	1.54	30	831	. 44		Carter Stravenue	
CA	323-28	-799	82891.51	10352.17		18929	4.98	18	685	. 66		Howard Cliffs	

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 social security number				This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	12	22-58-2268	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.								
<b>b</b> Emplo	<b>b</b> Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld				
80-2130083						179715.95			36352.46				
<b>c</b> Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Whitaker-Abbott LLC					159854.26			12228.85					
8628 Pennington Square					5 Medicare wages and tips				6 Medicare tax withheld				
	Johnsonview KY 35158-0958					228239.81				6618.95			
						7 Social security tips				8 Allocated tips			
						159854.26				228239.81			
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	1991589									199			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					155				D 4806				
	Amanda Carroll					13 Statutory Retirement Third-party employee plan sick pay				1			
220 Foley Ford Suite 426					Single Job Plan Sick Pay				P	538			
	Landryside VT 54626-5244					14 Other (see enclosed Notice to Employee)							
									D 966				
								12d					
									E 520				
	f Employee's address and ZIP code						,				•		
15 State	Employer's state ID nun		16 State wages, tips, etc.	17 State income tax		1.0		Local income tax			20 Locality name		
CA	182-55	-525	92586.46	10065.8		149021.54 30		0831.44			Carter Stravenue		
CA	323-28-	-799	82891.51	10352.17		189294.98		.8685.66			Howard Cliffs		

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

