R	REISSUED	a Employee's socia	•				Safe, Accı	ırate,	e D	-2 HI		Visit the	IRS Website
ST	TATEMENT	70	7-83-8869	OMB N	lo. 1545-	-0008	FAST! Us	e T			9	at www.i	rs.gov/efile.
b Employer identification number						1 Wages, tips, other compensation				2 Federal income tax withheld			
11-0663644						90898.42				23670.29			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Mathews-Graham Inc						113243.68				8663.14			
3094 Melissa Lakes Suite 100						5 Medicare wages and tips				6 Medicare tax withheld			
Montgomervshire CA 51116-2642					89203.44					2586.9			
Montgomeryshire CA 51116-2642					7 Social security tips					8 Allocated tips			
					113243.68					89203.44			
d Control number					9	Advance	EIC payment			10 D	epend	ent care be	enefits
6163211												142	
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
,	***					266				P 5538			
	Victoria Casey					13 Statutory Retirement Third-party employee plan sick pay				12b	i	ī	
7250 Donna Ways					X X					1	E	583	
Lake Mariahport NE 60349-6869						14 Other (see enclosed Notice to Employee)				12c	i		
]	E	910	
										12d			
												333	
f Employee's address and ZIP code											•		_
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			cal wages, tips,	etc.		ocal incor			20 Locality name
HI	279-67	-582	49169.28	4065.49		651	.04.62		11	388.	24		Gerald Keys
WI	074-37	-468	44812.85	3519.93		83374.16		11	11875.0			Cameron Circles	

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.

RFISSI	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Ser							Revenue Serv	ice. If you are required		
STATEN		70	7-83-8869	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 Employer identification number					1 V	/ages, tips, other compensation		2 Federal income tax withheld			
11-0663644						90898.42	23670.29				
c Employer's name, address, and ZIP code						ocial security wages	4 Social security tax withheld				
Mathews-Graham Inc						113243.68	8663.14				
3094 Melissa Lakes Suite 100 Montgomeryshire CA 51116-2642					5 N	ledicare wages and tips	6 Medicare tax withheld				
						89203.44		2586.9			
					7 S	ocial security tips	8 Allocated tips				
						113243.68	89203.44				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
6163211								142			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Victoria Casey					266	P 5538				
Vict						ory Retirement Third-party	12b	1			
7250 Donna Ways Lake Mariahport NE 60349-6869					employee plan sick pay			E	583		
					14	other (see enclosed Notice to Employ	12c				
								E	910		
									1323		
							1				
								333			
f Employee's address and ZIP code										T	
· ·	yer's state ID nu		16 State wages, tips, etc.	17 State income tax		3, 1.,		ocal income t		20 Locality name	
HI	279-67	-582	49169.28	4065.49	65104.62		11	L1388.24		Gerald Keys	
WI	074-37	-468	44812.85	3519.93		83374.16	11	875.0		Cameron Circles	

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

