Duffy-Page and Sons 5542 Paul Row				46714.05 Medicare wages and tips			3573.62 6 Medicare tax withheld				
West Theresahaven ND 28966-7495				63063.01 7 Social security tips 46714.05			1828.83 8 Allocated tips 63063.01				
d Control number					9			10 Dependent care benefits 261			
e Employee's first name and initial Last name Suff. George Rowland 06267 Gibson Islands Suite 020 Yuville DE 28266-0425				11 Nonqualified plans 232 13 Statutory Retirement Third-party sick pay plan sick pay 14 Other			12a See instructions for box 12 G				
15 State OR	Employer's state ID number 979-31-069	16 State wages, tips, etc. 25825.3	17 State income tax 1437.46		ocal wages, tips, etc.	19 Local ii 7102 .			20 Locality name Christina Villages		
IA Form W-2	334-07-081 Wage and Tax Statement	26673.68	201	67 9	310.73 Depa	5990 artment of the		/Interna	Joseph Junction		

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.

a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required						
	22	28-95-2201	OMB N	OMB No. 1545-0008 to file a tax return, a negligence penalty or this income is taxable and you fail to report				ion may be	imposed on you if	
b Employer identification number					Wages, tips, other compensation	2				
46-1136387					57082.14	2	20202.72			
c Employer's name, address, and ZIP code					Social security wages	4	4 Social security tax withheld			
Duffy-Page and Sons				46714.05			3573.62			
5542 Paul Row West Theresahaven ND 28966-7495					Medicare wages and tips	6	6 Medicare tax withheld 1828.83 8 Allocated tips			
					63063.01					
					Social security tips	8				
					46714.05		63063.01			
d Control number					9 10 Dependent care benefit			nefits		
6622960							261			
e Employee's first name and initial Last name Suff.				11 Nonqualified plans			12a See instructions for box 12			
George Rowland				232 13 Statutory Retirement Third-party			T 9361			
06267 Gibson Islands Suite 020 Yuville DE 28266-0425					ployee plan sick pay		1	803		
					Other (see enclosed Notice to Emplo	yee) 12c	ı			
							AA	446		
						12d	i			
							В	453		
f Employee's address and	d ZIP code									
	ate ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local in	come tax		20 Locality name	
OR 97	9-31-069	25825.3	1437.46		44061.44	7102.	88		Christina Villages	
IA 33	4-07-081	26673.68	2140.5		67310.73	5990.	9		Joseph Junction	

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)'



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

