Wage and Tax Form w-2 Statement	9	Depart	ment of the Tre	asuryIntern	al Revenue Service			
IL 084-74-947 28897.69	2582.75	6	3531.48	8482.0		Riggs Trace		
ME 608-06-157 30090.5	2008.79	6	3028.82	7380.03	3	Maxwell Lane		
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	18	Local wages, tips, etc.	19 Local incom	ie tax	20 Locality name		
f Employee's address and ZIP code				12d C o d e	405			
Benjaminborough RI 36331-44			•	C d e	287			
644 Angela Creek		13 Statutory employee	Retirement Third-party plan sick pay X	12b C o d e	664			
e Employee's first name and initial Last name Suff. James May			qualified plans	C o d e	8176			
15		11 None			215			
d Control number		9	3339.23	10 De	5986 ependent care b			
Jamesstad MS 88945-9803			al security tips	8 All	8 Allocated tips 59863.05			
118 Sanders Mountains Suite 699			9863.05	J We	1736.03			
Mata-Ray PLC			3339.23 care wages and tips		4080.45 6 Medicare tax withheld			
c Employer's name, address, and ZIP code			al security wages					
62-8360028			7879.41	88	8877.69			
b Employer identification number (EIN)			es, tips, other compensation	2 Fe	2 Federal income tax withheld			
580-94-9430			FAST! Use	e file	at www.i	irs.gov/efile.		
a Employee's social security number			Safe, Accurate,		Visit the	IRS Website		

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							
580-94-9430	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.						you II	
b Employer identification number		1 V	Vages, tips, other compensation		2 Federal	income tax	withheld		
62-8360028			57879.41			8877.69			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Mata-Ray PLC			53339.23			4080.45			
118 Sanders Mountains Suite 699			5 Medicare wages and tips 59863.05			6 Medicare tax withheld 1736.03			
			53339.23			5986	3.05		
d Control number		9			10 Depend	lent care be	enefits		
1332491						215			
e Employee's first name and initial Last name Suff.		11 Nonqualified plans			12a See instructions for box 12				
James May 644 Angela Creek Benjaminborough RI 36331-44			170			8176			
			tory Retirement Third-party byee plan sick pay		12b	i			
			employee plan sick pay X Sick pay 14 Other (see enclosed Notice to Employee)			664			
						12c			
					N	287			
				-	12d				
					E	405			
				-		405			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality	name	
ME 608-06-157 30090.5	2008.79		63028.82	73	80.03		Maxwell		
	2000.75		00020.02	1,3			Havett	папе	
IL 084-74-947 28897.69	2582.75		63531.48	84	82.0		Riggs !	Trace	

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

