Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008						
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld				
	3828.48					
	3 Social security wages	4 Social security tax withheld				
b Employer ID number (EIN)	3828,48	237.36				
37-6000640	5 Medicare wages and tips	6 Medicare tax withheld				
c Employer's name, address, an	3828.48	55.52				
c Employer's harrie, address, an	ld ZIP code					
Coles County II	ů					
651 Jackson Ave	e. Room 124					
Charleston II	61920					
Charleston, IL d Control number						
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e Employee's name, address, ar	nd ZIP code					
BRANDON R BELL						
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CHARLESTON, TI, 61920 7 Social security tips 8 Allocated tips 9 Verification code						
	o / modiced tips	5 Vermoation code				
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12				
	,	DD 6540.00				
13 Statutory employee 14 O	ther	12b Code				
Retirement plan		12c Code				
Third-party sick pay		12d Code				
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IL 0801974 15 State Employer's state ID number	3828.48	15.64				
18 Local wages, tips, etc.	19 Local income tax	17 State income tax 20 Locality name				
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Form W-2 Wage and Tax Stater	nent 2017	Dept. of the Treasury IRS				
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Copy 2—To Be Filed V City, or Local Income		OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp. 3828.48	2 Federal income tax withheld		
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld		
37-6000640	3828.48 5 Medicare wages and tips	237.36 6 Medicare tax withheld		
c Employer's name, address, ar	3828.48 and ZIP code	55.52		
Coles County I	L			
651 Jackson Av	e. Room 124			
(a) 1	61.000			
Charleston, IL d Control number				
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e Employee's name, address, a	nd ZIP code			
BRANDON R BELL				
CHARLESTON, I	L 61920			
7 Social security tips	8 Allocated tips	9 Verification code		
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 6540.00		
13 Statutory employee 14 C	other	12 <mark>b Code</mark>		
Retirement plan	~	12c Code		
Third-party sick pay 12d Code				
IL 0801974 15 State Employer's state ID numb		15.64 17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
Form W-2 Wage and Tax State	ment 2017	Dept. of the Treasury IRS		

Copy C—For EMPLOY Notice to Employee on				OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages	3828.48	2	Federal income tax withheld
b Employer ID number (EIN)	3 Social security wages 3828,48		4	Social security tax withheld 237.36
37-6000640	5 Medic	are wages and tips 3828.48	6	Medicare tax withheld 55.52
c Employer's name, address, a	nd ZIP cod	e		
Coles County I	L			
651 Jackson Av		om 124		
OSI Dackson Av	e. 100	OIII 124		
Charleston, IL	619	20		
d Control number		3		
e Employee's name, address, a	nd ZIP cod	de		
BRANDON R BELL				
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	_			
CHARLESTON, I	T	61920		
7 Social security tips	8 Alloca	led tips	5	Verification code
10 Dependent care benefits	11 None	valified plans	1	De Oade Control to be 40
To Dependent care benefits	1 i Nonqu	failled plans	ľ	See inst for bex 12
13 Statutory employee 14 (Other		12	2b Code
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IL 0801974 3828.48				15.64
15 State Employer's state ID number 16 State wages, tips,				17 State income tax
15 State Employer's state ID numb	01 110	state wayes, tips, etc.	20 Locality name	
15 State Employer's state ID numb18 Local wages, tips, etc.		income tax	20	D Locality name
The state of the s			20	D Locality name

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008						
a Employee's soc. sec. no.	1 Wages, lips, other comp. 3828.48	2 Federal income tax withheld				
b Employer ID number (EIN)	3 Social security wages 3828.48	4 Social security tax withheld 237.36				
37-6000640	5 Medicare wages and tips 3828.48	6 Medicare tax withheld 55.52				
c Employer's name, address, ar	nd ZIP code					
Coles County I	L					
651 Jackson Av	e. Room 124					
Charleston, IL	61920					
d Control number	4					
e Employee's name, address, and ZIP code BRANDON R BELL						
CHARLESTON, I	L 61920					
7 Social security tips	8 Allocated tips	9 Verification code				
10 Dependent care benefits	11 Nonqualified plans	12a Code 6540.00				
13 Statutory employee 14 C	Other	12b Code				
Retirement plan		12c Code				
Third-party sick pay 12d Code						
IL 0801974	3828.48	15.64				
15 State Employer's state ID numb		17 State income tax				
18 Local wages, tips, etc.	19 Local income tax	20 Locality name				
Form W-2 Wage and Tax State	ment 2017	Dept. of the Treasury IRS				

Form W-2 Wage and Tax Statement 2017 Dept. of the Treasury -- IRS This information is being furnished to the IRS. If you are required 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.

2017

Copy B—To Be Filed \ FEDERAL Tax Return.	OMB No. 1545-0008			
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld		
	4404.96	287.12		
	3 Social security wages	4 Social security tax withheld		
b Employer ID number (EIN)	4404.96	273.11		
37-6000640	5 Medicare wages and tlps 4404.96	6 Medicare tax withheld 63.86		
c Employer's name, address, ar		05.60		
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Coles County II				
651 Jackson Ave	e. Room 124			
Charleston, IL	61920			
d Control number				
	1			
e Employee's name, address, a	nd ZIP code			
TRAVIS C COFFEY	/			
1141120 0 00112	•			
CHARLESTON, II	61920			
7 Social security tips	8 Allocated tips	9 Verification code		
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10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12		
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13 Statutory employee 14 C	Nhas	12b Code		
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rtetrement plan		120 0000		
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IL 0801974	4404.96	191.64		
15 State Employer's state ID numb	17 State income tax			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
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Form W-2 Wage and Tax State	Dept. of the Treasury IRS			
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	Copy 2—To Be Filed W City, or Local Income	Vith Employee's State, Tax Return	OMB No. 1545-0008			
ı.	a Employee's soc. sec. no.	1 Wages, tips, other comp. 4404.96	2 Federal income tax withheld 287.12			
2	b Employer ID number (EIN)	3 Social security wages 4404.96	4 Social security tax withheld 273.11			
	37-6000640	5 Medicare wages and tips 4404.96	6 Medicare tax withheld 63.86			
	c Employer's name, address, an	nd ZIP code				
	Coles County II	L				
	651 Jackson Ave					
	Charleston, IL	61920				
(Section)	d Control number	2				
	e Employee's name, address, and ZIP code TRAVIS C COFFEY					
4.4	CHARLESTON, II					
	7 Social security tips	8 Allocated tips	9 Verification code			
	10 Dependent care benefits	11 Nonqualified plans	12a Code			
	13 Statutory employee 14 O	Other	12b Code			
	Retirement plan		12c Code			
	Third-party sick pay		12d Code			
	IL 0801974	4404.96	191.64			
2	15 State Employer's state ID numb		17 State income tax			
	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
	Form W-2 Wage and Tax States	ment 2017	Dept. of the Treasury IRS			

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008					
a Employee's soc. sec. no.	1 V	Vages, tips, other comp. 4404.96	2	2 Federal income tax withheld 287.12	
b Employer ID number (EIN)	3 5	Social security wages 4404.96	4	Social security tax withheld 273.11	
37-6000640	_				
37-6000640		Medicare wages and tips 4404.96	Ī	Medicare tax withheld 63.86	
c Employer's name, address,	and ZII	code			
Coles County 1	L				
651 Jackson Av	re.	Room 124			
Charleston, Il	. (51920			
d Control number		3			
CHARLESTON, 7 Social security tips	L	61920 Allocated tips	9	Verification code	
10 Dependent care benefits	111	Nonqualified plans	12	a Code See inst. for box 12	
13 Statutory employee 14 Other 12b Code			b Code		
Retirement plan 12c Code					
Third-party sick pay 12d Code					
IL 0801974		4404.96		191.64	
15 State Employer's state ID num		16 State wages, tips, etc.	- 1	17 State income tax	
18 Local wages, tips, etc.	19 1	_ocal income tax	20	Locality name	

Copy 2—To Be Filed V		OMB No. 1545-0008			
a Employee's soc. sec. no.	1 V	vages, tips, Alber comp	2	Federal income_tax-withheld	
b Employer ID number (EIN)	3 8	ocial security wages 96	4	Social security tax withheld	
37-6000640	5 N	Medicare wages and tips	6	Medicare tax withheld. 86	
c Employer's name, address, and ZIP code Coles County IL					
651 Jackson Av	e.	Room 124			
Charleston, IL	. (51920			
d Control number		4			
e Employee's name, address, a TRAVIS C COFFE	nd ZI Y L	P code 61920			
7 Social security tips	8 /	Allocated tips	9	Verification code	
10 Dependent care benefits	111	lonqualified plans	12	2a Code	
13 Statutory employee 14 C	Other		12	2b Code	
Retirement plan			1:	2c Code	
Third-party sick pay			1:	2d Code	
IL 0801974		4404.96		191.64	
15 State Employer's state ID numb	er	16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.	19 l	ocal income tax	20	D Locality name	
Form W-2 Wage and Tax State	ment	2017	_	Dept. of the Treasury IF	

Dept. of the Treasury -- IRS

a Employee's soc. sec. no. 1 Wages, tips, other comp. 3408.48 3 Social security wages 3 408.48 37-6000640 5 Medicare wages and tips 3408.48 c Employer's name, address, and ZIP code Coles County IL 651 Jackson Ave. Room 124 Charleston, IL 61920 d Control number 1 e Employee's name, address, and ZIP code PAUL G DAILY MATTOON, IL 61938	2 Federal income tax withheld 4 Social security tax withheld 211.32 6 Medicare tax withheld 49.43
b Employer ID number (EIN) 3408.48 37-6000640 5 Medicare wages and tips 3408.48 c Employer's name, address, and ZIP code Coles County IL 651 Jackson Ave. Room 124 Charleston, IL 61920 d Control number 1 e Employee's name, address, and ZIP code PAUL G DAILY	211.32 6 Medicare tax withheld
37-6000640 5 Medicare wages and tips 3408.48 c Employer's name, address, and ZIP code Coles County IL 651 Jackson Ave. Room 124 Charleston, IL 61920 d Control number 1 e Employee's name, address, and ZIP code PAUL G DAILY	6 Medicare tax withheld
c Employer's name, address, and ZIP code Coles County IL 651 Jackson Ave. Room 124 Charleston, IL 61920 d Control number 1 e Employee's name, address, and ZIP code PAUL G DAILY	
Charleston, IL 61920 d Control number Employee's name, address, and ZIP code PAUL G DAILY	
d Control number 1 e Employee's name, address, and ZIP code PAUL G DAILY	
e Employee's name, address, and ZIP code PAUL G DAILY	
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MATTOON, II, 61938	
7 Social security tlps 8 Allocated tips	9 Verification code
10 Dependent care benefits	12a Code See inst. for box 12 W 420.00
13 Statutory employee 14 Other	12b Code DD 6540.00
Retirement plan	12c Code
Third-party sick pay	12d Code
IL 0801974 3408.48 15 State Employer's state ID number 16 State wages, tips, 6	
18 Local wages, tips, etc. 19 Local income tax	tc. 17 State income tax
Form W-2 Wage and Tax Statement 2017 This information is being furnished to the Internal Revenue Service	20 Locality name

OMB No. 1545-0008					
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Copy C—For EMPLOY Notice to Employee on				OMB No. 1545-0008		
a Employee's soc. sec. no.	c. no. 1 Wages, tips, other comp. 3408.48			2 Federal income tax withheld		
b Employer ID number (EIN)	3 Social security wages 3408.48		4	Social security tax withheld 211.32		
37-6000640	5 N	ledicare wages and tips 3408.48	6	Medicare tax withheld 49.43		
c Employer's name, address, a	nd ZIF	o code				
Coles County I	Ĺ					
651 Jackson Av	Э.	Room 124				
Charleston, IL	6	1920				
d Control number		3				
MATTOON, IL 61938						
7 Social security tips	8 A	allocated tips	g	Verification code		
10 Dependent care benefits	11 N	lonqualified plans	12	2anGode See igsp for box 12		
13 Statutory employee 14 (Other		12	26 Spple 6540.00		
Retirement plan 12c Code						
Third-party sick pay 12d Code						
IL 0801974		3408.48		148.40		
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						
18 Local wages, tlps, etc.	19 L	ocal income tax	20	D Locality name		

City, or Local Income	Tax Return	OMB No. 1545-0008					
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld					
b Employer ID number (EIN)	3 Social security wages 3 4 0 8 · 4 8	4 Social security ax withheld					
37-6000640	5 Medicare wages and tips	6 Medicare tax withheld, 43					
c Employer's name, address, and ZIP code Coles County IL							
651 Jackson Av	e. Room 124						
Charleston, II	61920						
d Control number	4						
e Employee's name, address, a PAUL G DAILY	and ZIP code						
MATTOON, IL	61938						
7 Social security tips	8 Allocated tips	9 Verification code					
10 Dependent care benefits	11 Nonqualified plans	12a Gode 420.00					
13 Statutory employee 14	Other	12b pqge 6540.00					
Retirement plan		12c Code					
Third-party sick pay 12d Code							
IL 0801974	IL 0801974 3408.48 148.40						
15 State Employer's state ID num	per 16 State wages, tips, et	c. 17 State income tax					
18 Local wages, tips, etc.	19 Local income tax	20 Locality name					
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Copy 2-To Be Filed With Employee's State,

Copy B—To Be Filed V FEDERAL Tax Return.	Vith Employee's	OMB No. 1545-0008						
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld						
	4800.00	31.68						
	3 Social security wages	4 Social security tax withheld						
b Employer ID number (EIN)	4800,00	297,60						
37-6000640	5 Medicare wages and tips	6 Medicare tax withheld						
c Employer's name, address, an	4800,00	69.60						
Coles County II		1						
651 Jackson Ave	e. Room 124	i						
Charleston, IL	61920							
a Control number	1							
e Employee's name, address, ar	nd ZIP code							
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MATTOON, TI, 61938 7 Social security tips 8 Allocated tips 9 Verification code								
7 Goolal Security lips	a Allocated tips	9 Vernication code						
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12						
		1						
13 Statutory employee 14 O	ther	12b Code						
Retirement plan		12c Code						
Third-party sick pay		12d Code						
Third-party sick pay								
IL 0801974	4800.00	208.80						
15 State Employer's state ID numb		17 State income tax						
18 Local wages, tips, etc.	19 Local income tax	20 Locality name						
Form W-2 Wage and Tax Statement 2017 Dept. of the Treasury IRS								
This information is being furnished to the Internal Revenue Service.								

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008							
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld					
э э	4800.00	31.68					
	3 Social security wages	4 Social security tax withheld					
b Employer ID number (EIN)	4800.00	297.60					
37-6000640	5 Medicare wages and tips 4800.00	6 Medicare tax withheld 69,60					
c Employer's name, address, and ZIP code							
Coles County II	Γ,						
651 Jackson Ave							
OSI OBCKSOIL AVE	5. NOOM 124						
Charleston, IL	61920						
d Control number	2						
e Employee's name, address, a	nd ZIP code						
MARK W DEGLER							
,, 5202210							

MATTOON, IL 61938							
7 Social security tips	8 Allocated tips	9 Verification code					
10 Dependent care benefits	11 Nonqualified plans	12a Code					
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13 Statutory employee 14 O	liher	12b Code					
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Retirement plan		12c Code					
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Third-party sick pay		12d Code					
IL 0801974	4800.00	208.80					
15 State Employer's state ID numb		17 State income tax					
18 Local wages, tips, etc.	19 Local income tax	20 Locality name					
Form W-2 Wage and Tax Stater	Form W-2 Wage and Tax Statement 2017 Dept. of the Treasury IRS						

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008						
a Employee's soc. sec. no.	1 Wages, tips, other comp. 4800.00		2	Federal income tax withheld 31.68		
b Employer ID number (EIN)	3 S	ocial security wages 4800.00	4	4 Social security tax withheld 297.60		
37-6000640	5 N	ledicare wages and tips 4800.00	6	Medicare tax withheld 69.60		
c Employer's name, address, and ZIP code Coles County IL 651 Jackson Ave. Room 124						
Charleston, IL d Control number	6	3 3		-		
MARK W DEGLER MATTOON, IL 61938 7 Social security tips 8 Allocated tips 9 Verification code						
10 Dependent care benefits	11 N	lonqualified plans	12a Code See inst. for box 12			
13 Statutory employee 14 Other			12b Code			
Retirement plan	Retirement plan 12c Code			2c Code		
Third-party sick pay			1	2d Code		
IL 0801974 15 State Employer's state ID numb	_	4800.00 16 State wages, tips, etc.		208.80 17 State income tax		
18 Local wages, tips, etc.	ocal income tax	2	D Locality name			

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008								
a Employee's soc. sec. no.	1 V	Vages, tips, other comp. 4800.00	2	Federal income tax withheld 31.68				
b Employer ID number (EIN)	3 8	ocial security wages 4800.00		Social security tax withheld 297.60				
37-6000640	5 N	Medicare wages and tips 4800.00	6	Medicare tax withheld 69.60				
c Employer's name, address, Coles County	c Employer's name, address, and ZIP code							
651 Jackson A		Room 124						
Charleston, I	. (51920						
d Control number		4						
e Employee's name, address, and ZIP code MARK W DEGLER MATTOON, IL 61938								
7 Social security tips	8 4	Allocated tips	!	9 Verification code				
10 Dependent care benefits	11 1	Nonqualified plans	1	12a Code				
13 Statutory employee 14	Other		1	2b Code				
Retirement plan		1	2c Code					
Third-party sick pay 12d Code								
IL 0801974		4800.00		208.80				
15 State Employer's state ID nur		16 State wages, tips, etc.	_	17 State income tax				
18 Local wages, tips, etc.	19 l	Local income tax	2	0 Locality name				
Form W-2 Wage and Tax Stat	ement	2017		Dept. of the Treasury IRS				

Copy B-To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008 a Employee's soc. sec. no. 1 Wages, tips, other comp. 2 Federal income tax withheld 4526.40 299.32 3 Social security wages 4 Social security tax withheld b Employer ID number (EIN) 4526.40 280.65 5 Medicare wages and tips 6 Medicare tax withheld 37-6000640 4526.40 65.64 c Employer's name, address, and ZIP code Coles County IL 651 Jackson Ave. Room 124 Charleston, IL 61920 d Control number 1 e Employee's name, address, and ZIP code JANICE K EADS CHARLESTON, 8 Allocated tips 7 Social security tips 9 Verification code 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee 12b Code 14 Other Retirement plan 12c Code 12d Code Third-party slck pay IL 0801974 4526.40 132.02 16 State wages, tips, etc. 15 State Employer's state ID number 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name Form W-2 Wage and Tax Statement

2017

This information is being furnished to the Internal Revenue

Dept. of the Treasury -- IRS

City, or Local Income Tax Return OMB No. 1545-0008 a Employee's soc. sec. no. 1 Wages, tips, other comp. 2 Federal income tax withheld 4526.40 299.32 3 Social security wages 4 Social security tax withheld 4526.40 280.65 b Employer ID number (EIN) 5 Medicare wages and tips 4526.40 6 Medicare tax withheld 37-6000640 65.64 c Employer's name, address, and ZIP code Coles County IL 651 Jackson Ave. Room 124 61920 Charleston, IL d Control number 2 e Employee's name, address, and ZIP code JANICE K EADS CHARLESTON, 7 Social security tips 8 Allocated tips 9 Verification code 10 Dependent care benefits 11 Nonqualified plans 12a Code 13 Statutory employee 14 Other 12b Code 12c Code Retirement plan 12d Code Third-party sick pay 132.02 IL 0801974 4526.40 17 State income tax 15 State Employer's state ID number 16 State wages, tips, etc. 18 Local wages, tips, etc. 19 Local income tax 20 Locality name Form W-2 Wage and Tax Statement 2017 Dept. of the Treasury -- IRS

Copy 2-To Be Filed With Employee's State,

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008							
a Employee's soc. sec. no.		Vages, tips, other comp. 4526.40	2	2 Federal income tax withheld 299.32			
b Employer ID number (EIN)	3 8	ocial security wages 4526.40		Social security tax withheld 280.65			
37-6000640	5 N	Medicare wages and tips 4526,40	6	Medicare tax withheld 65.64			
Coles County 1	c Employer's name, address, and ZIP code Coles County IL 651 Jackson Ave. Room 124						
Charleston, II	. (51920					
d Control number		3					
JANICE K EADS CHARLESTON, IL 61920 7 Social security tips 8 Allocated tips 9 Verification code							
		`					
10 Dependent care benefits	111	Nonqualified plans	12	a Code See inst. for box 12			
13 Statutory employee 14	Other		12	b Code			
Retirement plan			12	c Code			
Third-party sick pay 12d Code							
IL 0801974		4526.40		132.02			
15 State Employer's state ID num 18 Local wages, tips, etc.		16 State wages, tips, etc.	20	17 State income tax Locality name			
To Local wages, tips, etc.	131	LOCAL INCOME LAX	20	Locality Harrie			

	Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008						
a Employee's soc. sec. no.	1 V	Vages, tips, 5ther comp	2	Federal income tax gwithhold			
b Employer ID number (EIN)	3 5	Social security wages 40	4	Social security tax withheld			
37-6000640	5 N	Medicare wages and tips	6	Medicare tax withheld 64			
Coles County 1	c Employer's name, address, and ZIP code Coles County IL 651 Jackson Ave. Room 124						
Charleston, II		61920					
d Control number		4					
e Employee's name, address, and ZIP code JANICE K EADS CHARLESTON, IL 61920							
7 Social security tips 8 Allocated tips				Verification code			
10 Dependent care benefits	111	Vonqualified plans	1:	2a Code			
13 Statutory employee 14	Other		1:	2b Code			
Retirement plan		1	2c Code				
Third-party sick pay			1	2d Code			
IL 0801974		4526.40		132.02			
15 State Employer's state ID num	ber	16 State wages, tips, etc.		17 State income tax			
18 Local wages, tips, etc.	Local income tax	2	0 Locality name				
Form W-2 Wage and Tax Stat	Dept. of the Treasury IR						

Dept. of the Treasury -- IRS

Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008						
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld				
	3828.48	1529.47				
	3 Social security wages	4 Social security tax withheld				
b Employer ID number (EIN)	3828.48	237.36				
37-6000640	5 Medicare wages and tips	6 Medicare tax withheld				
	3828.48	55.52				
c Employer's name, address, ar	nd ZIP code					
Coles County II						
651 Jackson Ave						
OJI Dackson Ave	5. NOOM 124					
Charleston, II.	61920					
d Control number	1	1				
e Employee's name, address, a						
	nd Zir code	ľ				
BRIAN D MARVIN						
CHARLESTON, II	61920					
7 Social security tips	8 Allocated tips	9 Verification code				
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD 6540.00				
		DD 6540.00				
13 Statutory employee 14 C	Other	12b Code				
Retirement plan		12c Code				
Third-party sick pay		12d Code				
		-				
TT 0001074	3828.48	341.70				
IL 0801974 15 State Employer's state ID numb		17 State income tax				
18 Local wages, tips, etc.	19 Local income tax	20 Locality name				
To Local Wages, tips, etc.	To cood moone tax	Lo coomy name				
Form W-2 Wass and Tay State	ment 2017	Dent of the Treasury - IRS				

Dept. of the Treasury -- IRS

Form W-2 Wage and Tax Statement 2017 This information is being furnished to the Internal Revenue Service. Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 1 Wages, tips, other comp. 3828.48 2 Federal income tax withheld 1529.47 a Employee's soc. sec. no. b Employer ID number (EIN) 6 Medicare tax withheld 55.52 37-6000640 c Employer's name, address, and ZIP code Coles County IL 651 Jackson Ave. Room 124 Charleston, IL 61920 d Control number 3 e Employee's name, address, and ZIP code BRIAN D MARVIN 61920 CHARLESTON, IL 8 Allocated tips 9 Verification code 7 Social security tips 11 Nonqualified plans 12a Gode See insta for beyo12 10 Dependent care benefits 13 Statutory employee 12b Code 12c Code Retirement plan Third-party sick pay 12d Code 3828.48 341.70 IL 0801974 15 State Employer's state ID number 16 State wages, tips, etc. 17 State Income tax 19 Local income tax 18 Local wages, tips, etc. 20 Locality name

	With Employee's State,	OMB No. 1545 0009
City, or Local Incom a Employee's soc. sec. no.	1 Wages, tips, other comp. 3828.48	OMB No. 1545-0008 2 Federal income tax withheld 1529.47
b Employer ID number (EIN)	3 Social security wages 3828.48	4 Social security tax withheld 237.36
37-6000640	5 Medicare wages and tips 3828.48	6 Medicare tax withheld 55.52
c Employer's name, address,	and ZIP code	
Coles County	IL	
651 Jackson A	ve. Room 124	
Charleston, I	L 61920	
d Control number	2	
e Employee's name, address,	and ZID code	
BRIAN D MARVI		
BRIAN D MARVI	<u>.N</u>	
CUARTECHON	IL 61920	
CHARLESTON, 7 Social security tips	IL 61920 8 Allocated tips	9 Verification code
r coda ocodny npo	5 7 mosacos npo	
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 6540.00
13 Statutory employee 14	Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
IL 0801974	3828.48	341.70
15 State Employer's state ID nu 18 Local wages, tips, etc.	mber 16 State wages, tips, etc.	20 Locality name
To Local Wages, lips, etc.	15 Local Income tax	Lo Locality Hairie
Form W-2 Wage and Tax Sta	atement 2017	Dept. of the Treasury II

Copy 2-To Be Filed With Employee's State, OMB No. 1545-0008 City, or Local Income Tax Return 2 Federal income tax withheld a Employee's soc. sec. no. 1 Wages, tips, other comp. b Employer ID number (EIN) 6 Medicare tax withheld 52.52 37-6000640 c Employer's name, address, and ZIP code Coles County IL 651 Jackson Ave. Room 124 Charleston, IL 61920 d Control number e Employee's name, address, and ZIP code BRIAN D MARVIN IL 61920 CHARLESTON, 9 Verification code 8 Allocated tips 7 Social security tips 10 Dependent care benefits 11 Nonqualified plans 12a Gode 6540.00 13 Statutory employee 12b Code 14 Other Retirement plan 12c Code 12d Code Third-party sick pay 341.70 3828.48 IL 0801974 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 20 Locality name 18 Local wages, tips, etc. 19 Local income tax

2017

Copy B—To Be Filed N FEDERAL Tax Return.		OMB No. 1545-0008				
a Employee's soc. sec. no.	1 W	ages, tips, other comp.	2 F	2 Federal income tax withheld		
		300.00				
	3 S	ocial security wages	4 S	ocial security tax withheld		
b Employer ID number (EIN)	1	300.00		18.60		
37-6000640	5 M	edicare wages and tips	6 M	ledicare tax withheld		
0. 0000010		300.00		4.34		
c Employer's name, address, a	nd ZIP	code				
Coles County I	т.					
651 Jackson Av		Doom 124				
obi Jackson Av	е.	KOOM 124				
Charleston, IL	6	1920				
d Control number		1				
		_				
e Employee's name, address, a	and ZIF	ode code				
STAN E METZGER						
	_	61.000				
CHARLESTON, I 7 Social security tlps	1 0 1	61920	0.1	/erification code		
7 Social security lips	6 7	illocated tips	3 4	remication code		
10 Dependent care benefits	11 N	longualified plans	120	Code See inst for hey 12		
To Dependent care ballants	1.15	ionqualmed plans	124	Code See inst. for box 12 DD 6540.00		
13 Statutory employee 14	Other		12h	Code		
10 Gladdory employee 14	Other		120	Oodo		
Retirement plan			12c	Code		
Hetheric plan						
Third-party sick pay			12d	Code		
Time-party sick pay						
			Ή.			
		300.00		4.96		
TT. 0801974				7 State income tax		
IL 0801974	ber					
IL 0801974 15 State Employer's state ID num 18 Local wages, tips, etc.			20	Locality name		
15 State Employer's state ID num			20			

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service.

Notice to Employee on				OMB No. 1545-0008			
a Employee's soc. sec. no.		ages, tips, other comp. 300.00	2	2 Federal income tax withheld			
b Employer ID number (EIN)	3 S	ocial security wages 300.00	4	4 Social security tax withheld 18.60			
37-6000640	5 M	edicare wages and tips 300.00	6	Medicare tax withheld 4.34			
c Employer's name, address, and ZIP code							
Coles County IL 651 Jackson Ave. Room 124							
Charleston, IL	6	1920					
d Control number		3					
STAN E METZGER CHARLESTON, IL 61920 7 Social security tips 8 Allocated tips 9 Verification code							
7 Social security tips	_		L				
10 Dependent care benefits	11 N	onqualified plans	12	2a Gode See inst for beyo12			
13 Statutory employee 14	Other		1:	2b Code			
Retirement plan		5	1:	2c Code			
Third-party sick pay			1:	2d Code			
IL 0801974 15 State Employer's state ID num	ber	300.00 16 State wages, tips, etc.		4.96			
18 Local wages, tips, etc. 19 Local income tax 20 Locality name							

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Copy 2-To Be Filed V						
City, or Local Income	Tax Return	OMB No. 1545-0008				
a Employee's soc. sec. no.	1 Wages, tips, other comp. 300.00	2 Federal income tax withheld				
	3 Social security wages	4 Social security tax withheld				
b Employer ID number (EIN)	300.00	18.60				
37-6000640	5 Medicare wages and tips 300.00	6 Medicare tax withheld 4.34				
c Employer's name, address, ar						
Coles County I	Τ,					
651 Jackson Av						
OJI Jackson Av	e. NOOM 124					
Charleston, IL	61920					
d Control number	2					
e Employee's name, address, a	and ZIP code					
STAN E METZGER						
	•					
CHARLESTON, IL 61920						
7 Social security tips	8 Allocated tips	9 Verification code				
10 Dependent care benefits	11 Nonqualified plans	12a Code DD 6540.00				
13 Statutory employee 14 (Other	12b Code				
		10.0.1.				
Relirement plan		12c Code				
		12d Code				
Third-party sick pay		124 0040				
IL 0801974	300.00	4.96				
15 State Employer's state ID num		17 State income tax				
18 Local wages, tips, etc.	19 Local income tax	20 Locality name				
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Form W-2 Wage and Tax State	ement 2017	Dept. of the Treasury IH				

Copy 2—To Be Filed W City, or Local Income	Tax Return	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
b Employer ID number (EIN)	3 Social security wages 300.00	4 Social security tax withheld
37-6000640	5 Medicare wages and tips	6 Medicare tax withheld 34
c Employer's name, address, ar Coles County I 651 Jackson Av	L	
Charleston, IL	61920	
d Control number	4	
e Employee's name, address, a STAN E METZGER CHARLESTON, I		
7 Social security tlps	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a 69de 6540.00
13 Statutory employee 14 C	Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
IL 0801974	300.00	4.96
15 State Employer's state ID numb	ber 16 State wages, tips, etc	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax State	ement 2017	Dept. of the Treasury IF

Copy B—To Be Filed \ FEDERAL Tax Return.	With Employee's	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
a Employee's sec. no.	4800.00	108.32
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	4800.00	297.60
27 6000640	5 Medicare wages and tips	6 Medicare tax withheld
37-6000640	4800.00	69.60
c Employer's name, address, a	nd ZIP code	
Coles County I	L	
651 Jackson Av		
JUL GUGARON AV	O. 1.00m 121	
Charleston II	61 02 0	
Charleston, IL d Control number		
	1	
e Employee's name, address, a	and ZIP code	
NANCY J PURDY		
minor o rondr		
MATTOON, IL	61938	
7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee 14	Other	12b Code
5		12c Code
Retirement plan		120 0000
Third-party sick pay		12d Code
Tilld-party sick pay		
IL 0801974	4800.00	143.90
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax State		Dept. of the Treasury IF
This information is being furnished	d to the Internal Revenue Service.	
_	d to the Internal Revenue Service.	Dept. of the freasury in

City, or Local Incom	With Employee's State, e Tax Return	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp. 4800.00	2 Federal income tax withheld 108.32
b Employer ID number (EIN)	3 Social security wages 4800.00	4 Social security tax withheld 297.60
37-6000640	5 Medicare wages and tips 4800.00	6 Medicare tax withheld 69.60
c Employer's name, address,	and ZIP code	
Coles County 651 Jackson A		
651 Jackson A	ve. Room 124	
Charleston, I	L 61920	
d Control number	2	
e Employee's name, address, NANCY J PURDY	and ZIP code	
MATTOON, IL	61938	
7 Social security tips	8 Allocated tips	9 Verification code
40 D		1
TO Dependent care benefits	11 Nonqualified plans	12a Code
10 Dependent care benefits 13 Statutory employee 14	11 Nonqualified plans Other	12a Code 12b Code
13 Statutory employee 14		12b Code
13 Statutory employee 14 Retirement plan Third-party sick pay IL 0801974	Other 4800.00	12b Code 12c Code 12d Code
13 Statutory employee 14 Retirement plan Third-party sick pay	Other 4800.00	12b Code 12c Code 12d Code

Notice to Employee on t	he t	back of Copy B.)		OMB No. 1545-0008
a Employee's soc. sec. no.	1 W	ages, tips, other comp. 4800.00	2	Federal income tax withheld 108.32
b Employer ID number (EIN)	3 S	ocial security wages 4800.00	4	Social security tax withheld 297.60
37-6000640	5 M	edicare wages and tips 4800.00	6	Medicare tax withheld 69.60
c Employer's name, address, ar	d ZIP	code		
Coles County I	L			
651 Jackson Ave	Э.	Room 124		
Charleston, IL	6	1920		90
d Control number		3		
e Employee's name, address, a NANCY J PURDY				
MATTOON, IL		61938		
7 Social security tips	8 A	llocated tips	9	Verification code
10 Dependent care benefits	11 N	onqualified plans	12	2a Code See inst. for box 12
13 Statutory employee 14 (Other		12	2b Code
Retirement plan			12	2c Code
Third-party sick pay			12	2d Code
IL 0801974		4800.00		143.90
15 State Employer's state ID numb		16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.	19 L	ocal income tax	20	D Locality name
Form W-2 Wage and Tax State	ment	2017	-	Dept. of the Treasury IR

Copy C-For EMPLOYEE'S RECORDS (See

City, or Local Income	Tax	Return		OMB No. 1545-0008
Employee's soc. sec. no.	1 W	ages, tips, other comp.	2	Federal income lax withheld
	3 S	ocial security wages 4800.00	4	Social security tax withheld
Employer ID number (EIN) 37-6000640		edicare wages and tips	6	Medicare tax withheld 69.60
Employer's name, address, ar Coles County I 651 Jackson Av	L			
Charleston, IL	6	51920		
d Control number		4		
e Employee's name, address, a NANCY J PURDY MATTOON, IL	nd ZI	61938		
7 Social security tips	8 A	Illocated tips	9	9 Verification code
O Dependent care benefits	11 1	lonqualified plans	1	2a Code
3 Statutory employee 14 C	Other		1	2b Code
Retirement plan			1	2c Code
Third-party sick pay			1	2d Code
IL 0801974		4800.00		143.90
5 State Employer's state ID numb	er	16 State wages, tips, etc.		17 State income tax
8 Local wages, tips, etc.	19 (Local income tax	2	0 Locality name
orm W-2 Wage and Tax State	ment	2017	_	Dept. of the Treasury IRS

Copy B—To Be Filed FEDERAL Tax Return.	with Employee's	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
	4800.00	
	3 Social security wages	4 Social security tax withheld
Employer ID number (EIN)	4800.00	297.60
37-6000640	5 Medicare wages and tips 4800.00	6 Medicare tax withheld 69.60
c Employer's name, address, a		L
Coles County I	L	
651 Jackson Av	e. Room 124	
Charleston II	61920	
<u>Charleston</u> , II d Control number		
	1	
e Employee's name, address,	and ZIP code	
CORY L SANDERS		
MATTOON, IL	61938	
MATTOON, IL 7 Social security tips	61938 8 Allocated tips	9 Verification code
7 Social security tips		9 Verification code 12a Code See inst. for box 12
7 Social security tips 10 Dependent care benefits	8 Allocated tips	
7 Social security tips 10 Dependent care benefits	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12
7 Social security tips 10 Dependent care benefits 13 Statutory employee 14	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12 12b Code
7 Social security tips 10 Dependent care benefits 13 Statutory employee	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12 12b Code 12c Code
7 Social security tips 10 Dependent care benefits 13 Statutory employee 14 Retirement plan Third-party sick pay IL 0801974	8 Allocated tips 11 Nonqualified plans Other	12a Code See inst. for box 12 12b Code 12c Code
7 Social security tips 10 Dependent care benefits 13 Statutory employee 14 Retirement plan Third-party sick pay IL 0801974 15 State Employer's state ID num	8 Allocated tips 11 Nonqualified plans Other 4800.00	12a Code See inst. for box 12 12b Code 12c Code
7 Social security tips 10 Dependent care benefits 13 Statutory employee 14 Retirement plan Third-party sick pay IL 0801974	8 Allocated tips 11 Nonqualified plans Other 4800.00 16 State wages, tips, etc. 19 Local income tax	12a Code See inst. for box 12 12b Code 12c Code 12d Code

Copy 2—To Be Filed W City, or Local Income		OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp. 4800.00	2 Federal income tax withheld
b Employer ID number (EIN)	3 Social security wages 4800.00	4 Social security tax withheld 297.60
37-6000640	5 Medicare wages and tips 4800.00	6 Medicare tax withheld 69.60
c Employer's name, address, an	d ZIP code	
Coles County I	L	
651 Jackson Av	e. Room 124	
Charleston, IL	61920	
d Control number	2	
e Employee's name, address, a	nd ZIP code	,
CORY L SANDERS		
CONT E CHARLES		
MATTOON, IL	61938	
7 Social security tips	8 Allocated tips	9 Verification code
, , , , , , , , , , , , , , , , , , , ,		
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee 14 C	ML = -	12b Code
13 Statutory employee 14 C	uner	120 Code
Retirement plan		12c Code
		12d Code
Third-party sick pay		12d Code
IL 0801974	4800.00	
15 State Employer's state ID numb		17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax State	ment 2017	Dept. of the Treasury If

	on the back of Copy B.	OMB No. 1545-0008
a Employee's soc. sec. no.	4800.00	
b Employer ID number (Elf	3 Social security wages 4800.00	
37-6000640	5 Medicare wages and tip 4800.00	6 Medicare tax withheld 69.60
c Employer's name, addres		
Coles County		
651 Jackson	Ave. Room 124	
Charleston,	IL 61920	
d Control number	3	
MATTOON, II		9 Verification code
MATTOON, II	61938 8 Allocated tips	9 Verification code
7 Social security tips	8 Allocated tips	9 Verification code 12a Code See inst. for box 12
7 Social security tips 10 Dependent care benefits	8 Allocated tips	
7 Social security tips 10 Dependent care benefits	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12
7 Social security tips 10 Dependent care benefits 13 Statutory employee	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12
7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12 12b Code 12c Code 12d Code
7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan Third-party sick pay	8 Allocated tips 11 Nonqualified plans 14 Other 4800.	12a Code See inst. for box 12 12b Code 12c Code 12d Code

Copy 2—To Be Filed V City, or Local Income		OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld
37-6000640	5 Medicare wages and tips	6 Medicare tax withheld . 60
c Employer's name, address, a Coles County I 651 Jackson Av	L	
Charleston, II	61920	
d Control number	4	
e Employee's name, address, a CORY L SANDERS MATTOON, IL	and ZIP code	
7 Social security tips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee 14	Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
IL 0801974	4800.00	
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
		1

2017

Copy B—To Be Filed V FEDERAL Tax Return.	Vith Employee's	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
	4800.00	326.68
•	3 Social security wages	4 Social security tax withheld
Employer ID number (EIN)	4800.00	297.60
37-6000640	5 Medicare wages and tips 4800.00	6 Medicare tax withheld 69.60
Employer's name, address, ar		03.00
Coles County II 651 Jackson Ave		
Charleston, IL	61920 1	
e Employee's name, address, a	nd ZIP code	
RICK D SHOOK	and Zii code	
MATTOON, IL 7 Social security tips	61938 8 Allocated tips	9 Verification code
7 Social security tips		9 Verification code 12a Code See inst. for box 12
7 Social security lips 10 Dependent care benefits	8 Allocated tips 11 Nonqualified plans	
7 Social security tips 10 Dependent care benefits	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12
7 Social security tips 10 Dependent care benefits 13 Statutory employee 14	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12 12b Code
7 Social security tips 10 Dependent care benefits 13 Statutory employee	8 Allocated tips 11 Nonqualified plans Other 4800.00	12a Code See inst. for box 12 12b Code 12c Code 12d Code
7 Social security tips 10 Dependent care benefits 13 Statutory employee	8 Allocated tips 11 Nonqualified plans Other	12a Code See inst. for box 12 12b Code 12c Code 12d Code
7 Social security tips 10 Dependent care benefits 13 Statutory employee	8 Allocated tips 11 Nonqualified plans Other 4800.00 ber 16 State wages, tips, etc. 19 Local income tax	12a Code See inst. for box 12 12b Code 12c Code 12d Code 208.80 17 State income tax

Copy 2—To Be Filed V City, or Local Income				OMB No. 1545-0008
a Employee's soc. sec. no.		ages, tips, other comp. 4800.00	2	Federal income tax withheld 326.68
	3 S	ocial security wages	4	Social security tax withheld
b Employer ID number (EIN)		4800.00	_	297.60
37-6000640		edicare wages and tips 4800.00	6	Medicare tax withheld 69.60
c Employer's name, address, a	nd ZIP	code		
Coles County I	L			
651 Jackson Av	e.	Room 124		
Charleston II	6	1920		
Charleston, IL	0			
a como mamba		2		
e Employee's name, address, a	ınd ZII	code		
RICK D SHOOK				
1				
or or				
MATTOON, IL		61938		
7 Social security tips	8 A	Illocated tips	9	Verification code
10 Dependent care benefits	11 N	lonqualified plans	12	2a Code
13 Statutory employee 14	Other		1:	2b Code
Retirement plan			1	2c Code
Third-party sick pay			1	2d Code
		r	_	
IL 0801974		4800.00		208.80
15 State Employer's state ID num	ber	16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.	19 1	ocal income tax	2	O Locality name
Form W-2 Wage and Tax State	ement	2017		Dept. of the Treasury IR

Notice to Employee on t a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld
2,	4800.00	326.68
b Employer ID number (EIN)	3 Social security wages 4800.00	4 Social security tax withheld 297.60
37-6000640	5 Medicare wages and tips 4800.00	6 Medicare tax withheld 69.60
c Employer's name, address, ar	nd ZIP code	
Coles County I		
651 Jackson Av	e. Room 124	
Charleston, IL	61920	
d Control number	3	
	61,020	
MATTOON, IL 7 Social security tips	61938 8 Allocated tips	9 Verification code
7 Social security tips	8 Allocated tips	
7 Social security tips		9 Verification code 12a Code See inst. for box 13
7 Social security tips 10 Dependent care benefits	8 Allocated tips	
7 Social security tips 10 Dependent care benefits	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 1
7 Social security tips 10 Dependent care benefits 13 Statutory employee 14 (8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 13
7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 13 12b Code 12c Code 12d Code
7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan Third-party sick pay IL 0801974 15 State Employer's state ID num	8 Allocated tips 11 Nonqualified plans Other 4800.06 ber 16 State wages, tips, e	12a Code See inst. for box 1: 12b Code 12c Code 12d Code 12d Code 17 State income tax
7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan Third-party sick pay	8 Allocated tips 11 Nonqualified plans Other 4800.0	12a Code See inst. for box 1. 12b Code 12c Code 12d Code

OMB No. 1545-0008	Copy 2—To Be Filed \ City, or Local Income	With Employee's State, Tax Return	OMB No. 1545-0008
ederal income tax withheld 326.68	a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld 326.68
ocial security tax withheld 297.60	b Employer ID number (EIN)	3 Social security wages 4800.00	4 Social security tax withheld
edicare tax withheld 69.60	37-6000640	5 Medicare wages and lins	6 Medicare tax withheld 69.60
	c Employer's name, address, a Coles County 1 651 Jackson Av	IL 7e. Room 124	
	d Control number	4	
	e Employee's name, address, RICK D SHOOK MATTOON, IL	and ZIP code	
erification code	7 Social security tips	8 Allocated tips	9 Verification code
Code See inst. for box 12	10 Dependent care benefits	11 Nonqualified plans	12a Code
Code	13 Statutory employee 14	Other	12b Code
Code	Retirement plan		12c Code
Code	Third-party sick pay		12d Code
208.80	IL 0801974	4800.00	208.80 17 State income tax
ocality name	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Dept. of the Treasury IRS	Form W-2 Wage and Tax Sta	tement 2017	Dept. of the Treasury If

Copy B—To Be File FEDERAL Tax Retur	OMB No. 1545-0008		
a Employee's soc. sec. no.	1 W	ages, tips, other comp.	2 Federal income tax withheld 271.68
b Employer ID number (EIN		ocial security wages 4800.00	4 Social security tax withheld 297.60
37-6000640	5 M	ledicare wages and tips 4800.00	6 Medicare tax withheld 69.60
c Employer's name, address	s, and ZIP		03.00
Coles County 651 Jackson F		Room 124	
Charleston,]	[L 6	1920	
d Control number		. 1	
e Employee's name, addres MARC J WEBER CHARLESTON,	TT.	61920	
7 Social security tips		illocated tips	9 Verification code
10 Dependent care benefits			12a Code See inst. for box 12
13 Statutory employee 1	4 Other		12b Code
Retirement plan			12c Code
Third-party sick pay			12d Code
IL 0801974 15 State Employer's state ID r			448.80
18 Local wages, tips, etc.	191	ocal income tax	20 Locality name

2017

Dept. of the Treasury -- IRS

Form W-2 Wage and Tax Statement

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service.

Copy 2-To Be Filed With Employee's State, OMB No. 1545-0008 City, or Local Income Tax Return 2 Federal income tax withheld 1 Wages, tips, other comp. 4800.00 a Employee's soc. sec. no. 271.68 3 Social security wages 4800.00 4 Social security tax withheld 297.60 b Employer ID number (EIN) 5 Medicare wages and tips 4800.00 6 Medicare tax withheld 37-6000640 69.60 c Employer's name, address, and ZIP code Coles County IL 651 Jackson Ave. Room 124 Charleston, IL 61920 d Control number 2 e Employee's name, address, and ZIP code MARC J WEBER CHARLESTON 61920 9 Verification code 7 Social security tips 8 Allocated tips 11 Nonqualified plans 10 Dependent care benefits 12a Code 12b Code 13 Statutory employee 12c Code Retirement plan 12d Code Third-party sick pay 448.80 4800.00 IL 0801974 17 State income tax 15 State Employer's state ID number 16 State wages, tips, etc. 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 2017 Dept. of the Treasury -- IRS Form W-2 Wage and Tax Statement

Notice to Employee on	/EE'S RECORDS (See the back of Copy B.)	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tlps, other comp. 4800.00	2 Federal income tax withheld 271.68
b Employer ID number (EIN)	3 Social security wages 4800.00	4 Social security tax withheld 297.60
37-6000640	5 Medicare wages and tips 4800.00	6 Medicare tax withheld 69.60
c Employer's name, address,	and ZIP code	
Coles County	IL	
651 Jackson A	ve. Room 124	
Charleston, II	L 61920	
d Control number	3	
CHARLESTON,		
	IL 61920	D. Vadination and
7 Social security tips	IL 61920 8 Allocated tips	9 Verification code
7 Social security tips		
7 Social security tips 10 Dependent care benefits	8 Allocated tips	9 Verification code 12a Code See inst. for box 12 12b Code
7 Social security tips 10 Dependent care benefits	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12
7 Social security tips 10 Dependent care benefits 13 Statutory employee 14	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12 12b Code
7 Social security tips 10 Dependent care benefits 13 Statutory employee	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12 12b Code 12c Code
7 Social security tips 10 Dependent care benefits 13 Statutory employee	8 Allocated tips 11 Nonqualified plans Other 4800.00	12a Code See inst. for box 12 12b Code 12c Code 12d Code

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Copy 2—To Be Filed V				OMB No. 1545-0008	
Employee's soc. sec. no.	1 W	ages, tips, ether comp	2	Federal income tax withheld	
Employer ID number (EIN)	3 S	ocial security wages 00		Social security tax withheld	
37-6000640		5 Medicare wages and tips		Medicare tax withheld . 60	
Employer's name, address, and ZIP code Coles County IL 651 Jackson Ave. Room 124					
Charleston, II	, (51920			
d Control number		4			
Employee's name, address, a MARC J WEBER CHARLESTON,		61920			
7 Social security tips	8 /	allocated tips	5	9 Verification code	
0 Dependent care benefits	lonqualified plans	1:	2a Code		
3 Statutory employee 14 Other			1:	2b Code	
Retirement plan		1	2c Code		
Third-party slck pay		1	2d Code		
IL 0801974		4800.00		448.80	
15 State Employer's state ID num	oer	16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.	19	ocal income tax	2	0 Locality name	

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Dept. of the Treasury -- IRS

Form W-2 Wage and Tax Statement

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Copy B—To Be Filed V FEDERAL Tax Return.	Vith Employee's	OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips; other comp. 4800.00	2 Federal income tax withheld		
b Employer ID number (EIN)	3 Social security wages 4800.00	4 Social security tax withheld 297.60		
37-6000640	5 Medicare wages and tips 4800.00	6 Medicare tax withheld 69.60		
c Employer's name, address, ar Coles County II				
651 Jackson Av				
d Control number 1				
e Employee's name, address, a MICHAEL H ZUHON				

CHARLESTON,
7 Social security tips 61920 8 Allocated tips 9 Verification code 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory employee 14 Other 12b Code 12c Code Retirement plan 12d Code Third-party sick pay IL 0801974 4800.00 42.52 17 State income tax 15 State Employer's state ID number 16 State wages, tips, etc. 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Form W-2 Wage and Tax Statement 2017
This information is being furnished to the Internal Revenue Service.

Form W-2 Wage and Tax Statement

Notice to Employee on	EE'S RECORDS (See	1
	the back of Copy B.)	OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp. 4800.00	2 Federal income tax withheld
b Employer ID number (EIN)	3 Social security wages 4800.00	4 Social security tax withheld 297.60
37-6000640	5 Medicare wages and tips 4800.00	6 Medicare tax withheld 69.60
c Employer's name, address, a	ind ZIP code	***************************************
Coles County 1	[L	
651 Jackson Av	re. Room 124	
Charleston, II	L 61920	
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CHARLESTON, I	IL 61920	9 Verification code
CHARLESTON, 7 Social security tips		9 Verification code
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7 Social security tips 10 Dependent care benefits	8 Allocated tips	
7 Social security tips 10 Dependent care benefits	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12
7 Social security tips 10 Dependent care benefits 13 Statutory employee 14	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12 12b Code
7 Social security tips 10 Dependent care benefits 13 Statutory employee	8 Allocated tips 11 Nonqualified plans	12a Code See inst. for box 12 12b Code 12c Code
7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan Third-party slck pay	8 Allocated tips 11 Nonqualified plans Other	12a Code See inst. for box 12 12b Code 12c Code 12d Code

Copy 2—To Be Filed V City, or Local Income		OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wages, tips, other comp. 4800.00	2 Federal income tax withheld
b Employer ID number (EIN)	3 Social security wages 4800.00	4 Social security tax withheld 297.60
37-6000640	5 Medicare wages and tips 4800.00	6 Medicare tax withheld 69.60
c Employer's name, address, as	nd ZIP code	
Coles County I	L	
651 Jackson Av		
Charleston, II	61920	
d Control number	2	
e Employee's name, address, a	ind ZIP code	
MICHAEL H ZUHC	NE	
CHARLESTON, I	L 61920	
7 Social security lips	8 Allocated tips	9 Verification code
10 Dependent care benefits	11 Nonqualified plans	12a Code
13 Statutory employee 14 (Other	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
IL 0801974	4800.00	42.52
15 State Employer's state ID numb	per 16 State wages, tips, etc.	17 State Income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name
Form W-2 Wage and Tax State	ment 2017	Dept. of the Treasury IR
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Copy 2—To Be Filed City, or Local Incom	e Tax	k Return	OMB No. 1545-0008	
a Employee's soc. sec. no.	1 V	Vages, tips, ather comp.	2 Federal income tax withheld	
b Employer ID number (EIN)	3 5	ocial security wages 00	4 Social security tax withheld	_ 1
		Medicare wages and tips	6 Medicare tax withheld . 60	,
c Employer's name, address, Coles County		code		
651 Jackson A		Room 124		
Charleston,	L	61920		
d Control number		4		
e Employee's name, address MICHAEL H ZUH	IONE			
CHARLESTON,	IL	61920		
7 Social security tips	8 /	Allocated tips	9 Verification code	
10 Dependent care benefits	111	Nonqualified plans	12a Code	
13 Statutory employee 14	Other		12b Code	
Retirement plan			12c Code	
Third-party sick pay			12d Code	
IL 0801974		4800.00	42.52	2
15 State Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19	Local income tax	20 Locality name	
Form W 2 Wage and Tay St	tomont	2017	Dont of the Treasury I	100