a Control number	1			_			_			
SPES		OMB No. 1	545-0008	Copy	/ 1 For State, (	City, o	r Lo	cal Ta	x Department	
<b>b</b> Employer identification	number			1 Wa	ges, tips, other compe	ensation	2	Federal i	ncome tax withheld	
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c Employer's name, addr	ress, and ZIP code			3 Social security wages				4 Social security tax withheld		
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General Fund				5 Me	dicare wages and t	ips	6	Medicare	tax withheld	
170 East Main					2100	0.00			30.45	
Shelhvville. II. 62565				7 So	cial security tips		8	Allocated		
d Employee's social secu	urity number			9 Ad	vance EIC päyment		10	Depende	nt care benefits	
e Employee's name, add	ress, and ZIP code			11 No	nqualified plans		12	Benefits	included in box 1	
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				15 Statutor employ	y Deceased ee	Pension plan		Legal rep.	Deferred compensation	
16 State Employer's stat	te I.D. no. 17 State w	ages, tips, etc.	18 State in	come tax	19 Locality name	20 Local	l wages	s, tips, etc.	21 Local income tax	
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W-2 Wage and Tax 1999

а	Cont	roi number		Vold												
	30	es			OMB No. 1	545-0008										
b	Empl	oyer identification	number				1	Wage	es, tip	s, other (	compe	nsation	2	Federal in	come	tax withheld
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C	Empl	oyer's name, addr	ess, and ZIP cod	е			3	3 Social security wages 4 Soci				Social se	curity	tax withheld		
CITY OF SHELBYVILLE							360	0.00				223.20				
General Fund			5	Medi	care	wages a	and tip	S	6	Medicare	tax w	ithheid				
	.,	O East Mai,									360	00.00				52,20
	Sh	elbyville,	II. 62569	5			7	Socia	al sec	curity tip:	s ·		8	Allocated	tips	
d	Empl	oyee's social secu	rity number				9	Adva	nce	EIC pay	ment		10	Depende	nt car	e benefits
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							15 <sup>S</sup>	talutory mployee	• •	Deceas	ed	Pensior plan	, 	Legal rep.		Deferred compensation
16	State	Employer's sta	te I.D. no.	17 State v	wages, tips, etc.	18 State i	ncom	e tax	19	_ocality i	name	<b>20</b> Loca	d wag	jes, tips, etc.	21 L	ocal income tax
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W-2 Wage and Tax 2000

Department of the Treasury-Internal Revenue Service

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Copy D For Employer

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a Control number	Copy 1 or D. For State, City, Local or Employer's File						
		MB No. 1545-0008	,				
<b>b</b> Employer identification number 37-6002116			Wages, tips, other 3600.		2 Fed. income tax withheld 0.00		
c Employer's name, address, and ZIP cod CITY OF SHELBYVILLE	de		3 Social security wages 4 Soc. sec. tax				
GENERAL FUND 170 EAST MAIN			Medicare wages a 3600.	00	6 Medicare tax withheld 52.20		
SHELBYVILLE, IL 62565			<ul> <li>Social security tips</li> </ul>	8	8 Allocated tips		
d Employee's social security number			9 Advance EIC payment 10 Dependent			are benefits	
e Employee's name, address, and ZIP co S.A.	de PESARD		11 Nonqualified plans C12a				
			Statutory Retirement plan	nt Third-party C 12	?b	•	
	The state of the s		• Other	C 12 od e	2c		
				C 12	2d		
15 State Employer's state ID number  IL   37-6002116	<b>16</b> State wages, tips, etc. 3600.00	17 State income tax	18 Local wages, ti	ps, etc. 19 Loca	lincome tax	20 Locality	

Wage and Tax
Form W-2 Statement
1 W2211 NTF 35894 2001

39-1908647 Department of the Treasury -- Internal Revenue Service

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a Control number			1 r 046-	tal Hara Only				
a Control number	22222	Void	1	ial Use Only				
<b>b</b> Employer identification num	hor		L OMR NO	1545-0008	age time other game	3 Fode	eral income tax withheld	
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37-6002116					3600.00	<del>                                     </del>	0.00	
c Employer's name, address, and ZIP code					3 Social security wages 4 Social security tax with			
CITY OF SHELBYVILLE					3600.00		223.20	
GENERAL FUND					dicare wages and tips	6 Med	icare tax withheld	
170 EAST MAIN					3600.00		52.20	
SHELBYVILLE, IL 62565					ial security tips	8 Alloc	cated tips	
d Employee's social security.	ounder	·		9 Adv	ance EIC payment	10 Dep	endent care benefits	
e Employee's first name and i	nitial Last nam	16		11 Nor	iqualified plans	12a See	instructions for box 12	
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					utory Retirement Third-party loyee plan sick pay	12b	]	
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f Employee's address and ZI	P code							
15 State Employer's state ID num	ıber 16	State wages, tips,	etc. 17 St	ate income tax	18 Local wages, tips, etc.	19 Localin	come tax 20 Locality	
IL 37-6002116		3600.0		108.00			adille	

Form W-2 Wage and Tax Statement
Copy A For Social Security Administration — Send this entire page with Form W-3
to the Social Security Administration; photocopies are not acceptable.

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Department of the Treasury -- Internal Revenue Service

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a Control number SPES	Void 🗖	Copy D—For Er	Employer.	
0436	void	OMB No. 1545-00	8000	
b Employer identification number 37-6002116			1 Wages, tips, other compensation 3600.00	
c Employer's name, address, and CITY OF SHELBYVILLE			3 Social security wages 3600.00	4 Social security tax withheld 223.20
General Fund 170 East Main Shelbyville, IL 62	565		5 Medicare wages and tips 3600.00	6 Medicare tax withheld 52.20
			7 Social security tips	8 Allocated tips
d Employee's social security numb	ner.		9 Advance ElC payment	10 Dependent care benefits
e Employee's name, address, and Stanley A	I ZIP code Spesard		11 Nonqualified plans	12a See instructions for box 12
			13 Statutory Relirement Third-party employee plan sick pay	12b
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				12d
15 State Employer's state ID num	ber 16 State wages, tips, e 3600.0	etc. 17 State income 0 10	te tax 18 Local wages, tips, etc.	19 Local income tax 20 Locality name

W 2 Wage and Tax Statement 2004

39-1908647 Department of the Treasury-Internal Revenue Service

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c Employer's name, address, and	ZIP code		3 Soci	ial security wages	4	Social security ta	ax withheld	
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General Fund			5 Med	licare wages and tips	6	Medicare tax wit	hheld	
170 East Main	5.55		3600.00					
Shelbyville, IL 62	565		7 Soci	at security tips	8	8 Allocated tips		
de Trainmela societ escurity numb	Pr		9 Adv	ance EfC payment	10	Dependent care	benefits	
e Employee's name, address, and Stanley A	ZIP code Spesard		11 Non	qualified plans	12a	See instructions	for box 12	
Cold By Dockson Co.			13 Statuto employ	ory Relirement Third-party yee plan sick pay	12b			
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15 State Employer's state ID num	ber 16 State wages, tips, 3600.0		ne tax 08.00	18 Local wages, tips, etc.	19 Loc	cal income tax	20 Locality name	

Form W - 2 Wage and Tax Statement



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17/7 0000	3 Social security wage:	50.00	4 Social security	tax withheld
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c Employer's name, address, and		00101		
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d Employee's SSN	7 Social security tips	8	Allocated tips	
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13 Statutory employee	Retirement plan		Third-party sick pay	
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18 Local wages, tips, etc. 19 L	ocal income tax	20 Locality na	ime	
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Form W-2 Wage and Tax States	™ 500P	U	Copy D Form Er	nployer Record

d Control number	It Mogan tion oll	or correspond	on 2 Federal Income tax withheld
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37-6002116			6 Medicare tax withheld
c Employer's name, address, and	71D node	,600.00	52.20
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Shelbyville		IL	62565
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18 Local wages, tips, etc. 19 Local	Income tax	20 Locality na	
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Form W-2 Wage and Tax Statement	2007	De	partment of Treasury-Internal Revenue Service
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d Control number

1 Wages, tips, other compensation 2 Federal income tax withheld

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	13 Statutory employee	Retiremen plan	· 🔲	Third-party sick pay	7
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	11137 0002110		3,000	.00	.08.00
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	18 Local wages, tips, etc. 19 Lo	ocal income tax	20 Locality n	ame	
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b Employer identification number	er 6 Medicare w	- /	6 Medicare tax withheld
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d Control number	ele 7 Social securit	Uline	8 Allocated tips
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9 Advance EIC payment	10 Dependent c	are benefits	11 Nonqualified plans
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13 Statutory employee	Retireme plan	ent 🔲	Third-party sick pay
15 State Employer's state ID numb	1 *	6 State wages, tip	s, etc. 17 State income tax
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18 Local wages, tips, etc. 19 Lo	ocal income tax	20 Locality	name
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Form \A/ O Wage and Ta:	Statement -		Department of Treasury Internal Revenue Service

W-2 Wage and Tax Statement 2007

Department of Treasury-Internal Revenue Service Copy D - For Employer,

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18 Local wages, tips, etc.	19 Local income tax	20 Loc	amy name	
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18 Local wages, tips, etc.	19 Local income tax	20 Locality	name	
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Form . W-2 Wage ar	nd Tax Statement		Department of	Treasury-Internal Revenue Servica
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a Employee's SSN	Id Monga tino	other spansagest	an la Con	eral income tax withhel
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b Employer Identification r	umber E Madigaro III	4,800.0	0	201.6
37-6002116	o Medicale M	4,800.0		10,316 tax willined 69.60
c Employer's name, addre	ss, and ZIP code	<del>4</del> ,000.0	<u> </u>	02.00
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d Control number	7 Social security	tips	8 Ailoca	ted tips
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18 Local wages, tips, etc.	19 Local income tax	20 Locality	name	l
Form <b>W-2</b> Wage and	Tax Statement ¬	n 1 1	Department of	Treasury-Internal Revenue Service
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b Employer identification number	5 Medicare v			6 Medicare tax	
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c Employer's name, address, and	ZIP code			<u> </u>	
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18 Local wages, tips, etc. 19 Lo	cal income ta	K	20 Locality	name	
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Form W-2 Wage and Tax Statement 2012 Department Copy D - For Employer.

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Form W-2 Wage and Tax Statement 2017 Copy 1 - For State, City, or Local Tax Department

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Form W-2 Wage and Tax Sta		Departs	rent of the Trousury-Internal Re	venue Service

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