



a Control number SPES		OMB No. 1545-0008		<b>Copy 1 For State, City, or Local Tax Department</b>		
b Employer identification number 37-6002116		1 Wages, tips, other compensation 2100.00		2 Federal income tax withheld		
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE General Fund 170 East Main Shelbyville, TN 37365		3 Social security wages 2100.00		4 Social security tax withheld 130.20		
		5 Medicare wages and tips 2100.00		6 Medicare tax withheld 30.45		
		7 Social security tips		8 Allocated tips		
d Employee's social security number 		9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code S. Alan Spesard 		11 Nonqualified plans		12 Benefits included in box 1		
		13		14 Other		
		15 Statutory employee		Deceased		Pension plan
		Legal rep.		Deferred compensation		
16 State	Employer's state I.D. no.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
IL		2100.00	63.00			

a Control number SPRS		Void <input type="checkbox"/>		OMB No. 1545-0008		
b Employer identification number 37-6002116			1 Wages, tips, other compensation 3600.00		2 Federal income tax withheld	
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE General Fund 170 East Main Shelbyville, IL 62565			3 Social security wages 3600.00		4 Social security tax withheld 223.20	
			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 number [REDACTED]			9 Advance EIC payment		10 Dependent care benefits	
e Employee's name, address, and ZIP code S. Alan Spesard [REDACTED]			11 Nonqualified plans		12 Benefits included in box 1	
			13 See instrs. for box 13		14 Other	
			15 Statutory employee	Deceased	Pension plan	Legal rep.
16 State Employer's state I.D. no. IL		17 State wages, tips, etc. 3600.00	18 State income tax 108.00	19 Locality name	20 Local wages, tips, etc.	21 Local income tax

Form **W-2** Wage and Tax Statement **2000**  
Copy D For Employer

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

a Control number		<b>Copy 1 or D. For State, City, Local or Employer's File</b>				
		OMB No. 1545-0008				
b Employer identification number 37-6002116		1 Wages, tips, other comp. 3600.00	2 Fed. income tax withheld 0.00			
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE GENERAL FUND 170 EAST MAIN SHELBYVILLE, IL 62565		3 Social security wages 3600.00	4 Soc. sec. tax withheld 223.20			
		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 number [REDACTED]		9 Advance EIC payment	10 Dependent care benefits			
e Employee's name, address, and ZIP code S.A. SPESARD [REDACTED]		11 Nonqualified plans		C 12a		
		13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	C 12b	
		14 Other		C 12c		
				C 12d		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	
IL	37-6002116	3600.00	108.00			
				20 Locality name		

**Wage and Tax**

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

Form **W-2** Statement **2001**

1 W2211 NTF 35894 Copyright 2001 Greatland/Nelco LP - Forms Software Only

a Control number		22222		Void		For Official Use Only ▶ OMB No. 1545-0008					
b Employer identification number				1 Wages, tips, other comp.		2 Federal income tax withheld					
37-6002116				3600.00		0.00					
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE GENERAL FUND 170 EAST MAIN SHELBYVILLE, IL 62565				3 Social security wages		4 Social security tax withheld					
				3600.00		223.20					
				5 Medicare wages and tips		6 Medicare tax withheld					
3600.00		52.20									
d Employee's social security number [REDACTED]				7 Social security tips		8 Allocated tips					
				9 Advance EIC payment		10 Dependent care benefits					
e Employee's first name and initial		Last name		11 Nonqualified plans		12a See instructions for box 12					
STANLEY A		SPESARD		13 Statutory Retirement Third-party employee plan sick pay		12b					
[REDACTED]				14 Other		12c					
						12d					
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 Local income tax	20 Locality name				
IL	37-6002116		3600.00	108.00							

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.

2 W2FED1 NTF 2558754A

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2002

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Department of the Treasury -- Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

a Control number SPES		Void <input type="checkbox"/>		Copy D—For Employer. OMB No. 1545-0008			
b Employer identification number 37-6002116			1 Wages, tips, other compensation 3600.00		2 Federal income tax withheld		
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE General Fund 170 East Main Shelbyville, IL 62565			3 Social security wages 3600.00		4 Social security tax withheld 223.20		
			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 number [REDACTED]			9 Advance EIC payment		10 Dependent care benefits		
e Employee's name, address, and ZIP code Stanley A Spesard [REDACTED]			11 Nonqualified plans		12a See instructions for box 12		
			13 Statutory employee Retirement plan Third-party sick pay		12b		
			14 Other		12c		
					12d		
15 State IL	Employer's state ID number		16 State wages, tips, etc. 3600.00	17 State income tax 108.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

number

Void

Copy D—For Employer.  
OMB No. 1545-0008

b Employer identification number (EIN)  
37-6002116

1 Wages, tips, other compensation  
3600.00

2 Federal income tax withheld

c Employer's name, address, and ZIP code  
CITY OF SHELBYVILLE  
General Fund  
170 East Main  
Shelbyville, IL 62565

3 Social security wages  
3600.00

4 Social security tax withheld  
223.20

5 Medicare wages and tips  
3600.00

6 Medicare tax withheld  
52.20

7 Social security tips

8 Allocated tips

d Federal social security number  
[REDACTED]

9 Advance EIC payment

10 Dependent care benefits

e Employee's name, address, and ZIP code  
Stanley A Spesard  
[REDACTED]

11 Nonqualified plans

12a See instructions for box 12

13 Statutory employee Retirement plan Third-party sick pay

12b

14 Other

12c

12d

15 State Employer's state ID number  
IL

16 State wages, tips, etc.  
3600.00

17 State income tax  
108.00

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

a Control number	1 Wages, tips, other compensation 3,600.00	2 Federal income tax withheld
OMB No. 1545-0008	3 Social security wages 3,600.00	4 Social security tax withheld 223.20
b Employer identification number 37-6002116	5 Medicare wages and tips 3,600.00	6 Medicare tax withheld 52.20
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE General Fund 170 East Main Shelbyville IL 62565		
e Employee's first name and Initial Stanley A		Last name Spesard Suff.
Employee's address and ZIP code [REDACTED]		
d Employee's SSN [REDACTED]	7 Social security tips	8 Allocated tips
	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6002116	16 State wages, tips, etc. 3,600.00	17 State income tax 108.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2006**

Department of Treasury-Internal Revenue Service  
Copy D Form Employer Records

d Control number	1 Wages, tips, other compensation 3,600.00	2 Federal income tax withheld
OMB No. 1545-0008	3 Social security wages 3,600.00	4 Social security tax withheld 223.20
b Employer identification number 37-6002116	5 Medicare wages and tips 3,600.00	6 Medicare tax withheld 52.20
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE General Fund 170 East Main Shelbyville IL 62565		
e Employee's first name and initial Stanley A		Last name Spesard Suff.
[REDACTED]		
[REDACTED]		
a Employee's SSN	7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6002116	16 State wages, tips, etc. 3,600.00	17 State income tax 108.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2007**

Department of Treasury-Internal Revenue Service  
Copy D Form Employer Records

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
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a Employee's SSN [REDACTED]	1 Wages, tips, other compensation 3,600.00	2 Federal income tax withheld
OMB No. 1545-0048	3 Social security wages 3,600.00	4 Social security tax withheld 223.20
b Employer identification number 37-6002116	5 Medicare wages and tips 3,600.00	6 Medicare tax withheld 52.20
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE General Fund 170 East Main Shelbyville IL 62565		
e Employee's first name and initial Stanley A		Last name Spesard
[REDACTED]		
d Control number	7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6002116	16 State wages, tips, etc. 3,600.00	17 State income tax 108.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2008**

Department of Treasury-Internal Revenue Service  
Copy D Form Employer Records

a Employee's SSN [REDACTED]		1 Wages, tips, other compensation 3,600.00		2 Federal income tax withheld	
OMB [REDACTED]		3 Social security wages 3,600.00		4 Social security tax withheld 223.20	
b Employer identification number 37-6002116		5 Medicare wages and tips 3,600.00		6 Medicare tax withheld 52.20	
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE General Fund 170 East Main Shelbyville IL 62565					
e Employee's first name and initial Stanley A			Last name Spesard		Suff.
[REDACTED]					
f Employee's address and ZIP code [REDACTED]					
d Control number		7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other			
12b					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number IL 37-6002116 000		16 State wages, tips, etc. 3,600.00		17 State income tax 108.00	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement 2009

Department of Treasury-Internal Revenue Service  
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a Employee's SSN [REDACTED]		1 Wages, tips, other compensation 3,600.00	2 Federal income tax withheld
OMB No. 1545-0048		3 Social security wages 3,600.00	4 Social security tax withheld 223.20
b Employer identification number 37-6002116		5 Medicare wages and tips 3,600.00	6 Medicare tax withheld 52.20
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE General Fund 170 East Main Shelbyville IL 62565			
e Employee's first name and initial Stanley A		Last name Spesard Suff.	
[REDACTED]			
d Control number		7 Social security tips	8 Allocated tips
9 Advance EIC payment		10 Dependent care benefits	11 Nonqualified plans
12a		14 Other	
12b			
12c			
12d			
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6002116 000		16 State wages, tips, etc. 3,600.00	17 State income tax 108.00
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

IL 37-6002116.000	5,700.00	275.50
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2011**

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

a Employee's SSN [REDACTED]	1 Wages, tips, other compensation 4,800.00	2 Federal income tax withheld
OMB No. 1545-0046	3 Social security wages 4,800.00	4 Social security tax withheld 201.60
b Employer identification number 37-6002116	5 Medicare wages and tips 4,800.00	6 Medicare tax withheld 69.60
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE General Fund 170 East Main Shelbyville IL 62565		
e Employee's first name and initial Stanley A		Last name Spesard Suff.
[REDACTED]		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6002116.000	16 State wages, tips, etc. 4,800.00	17 State income tax 234.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2011**

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

a Employee's SSN [REDACTED]	1 Wages, tips, other compensation 7,200.00	2 Federal income tax withheld
b Employer identification number 37-6002116	3 Social security wages 7,200.00	4 Social security tax withheld 302.40
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE General Fund .170 East Main Shelbyville IL 62565		6 Medicare tax withheld 104.40
e Employee's first name and initial Stanley A		Last name Suff. Spesard
f Employee's address and ZIP code [REDACTED]		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6002116 000	16 State wages, tips, etc. 7,200.00	17 State income tax 360.00
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement 2012

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

a Employee's SSN [REDACTED]		1 Wages, tips, other compensation 7,200.00	2 Federal income tax withheld
OMB No. 1545-0008		3 Social security wages 7,200.00	4 Social security tax withheld 446.40
b Employer identification number 37-6002116		5 Medicare wages and tips 7,200.00	6 Medicare tax withheld 104.40
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE General Fund 170 East Main Shelbyville IL 62565			
e Employee's first name and initial Stanley A		Last name Spesard	Suff.
f Employee's address and ZIP code [REDACTED]			
d Control number		7 Social security tips	8 Allocated tips
9		10 Dependent care benefits	11 Nonqualified plans
12a		14 Other	
12b			
12c			
12d			
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6002116 000		16 State wages, tips, etc. 7,200.00	17 State income tax 360.00
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

a. Employee's SSN [REDACTED]		1 Wages, tips, other compensation 7,200.00	2 Federal income tax withheld
OMB No. 1545-0048		3 Social security wages 7,200.00	4 Social security tax withheld 446.40
b. Employer identification number 37-6002116		5 Medicare wages and tips 7,200.00	6 Medicare tax withheld 104.40
c. Employer's name, address, and ZIP code CITY OF SHELBYVILLE General Fund 170 East Main Shelbyville IL 62565			
e. Employee's first name and initial Stanley A		Last name Spesard	Suff.
[REDACTED]			
[REDACTED]			
d. Control number		7 Social security tips	8 Allocated tips
9		10 Dependent care benefits	11 Nonqualified plans
12a		14 Other	
12b			
12c			
12d			
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6002116 000		16 State wages, tips, etc. 7,200.00	17 State income tax 360.00
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Employee's SSN [REDACTED]		1 Wages, tips, other compensation 7,200.00	2 Federal income tax withheld
OMB No. 1545-0046		3 Social security wages 7,200.00	4 Social security tax withheld 446.40
b Employer identification number 37-6002116		5 Medicare wages and tips 7,200.00	6 Medicare tax withheld 104.40
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE General Fund 170 East Main Shelbyville IL 62565			
e Employee's first name and initial Stanley A		Last name Spesard	Suff.
f Employee's address and ZIP code [REDACTED]			
d Control number		7 Social security tips	8 Allocated tips
9		10 Dependent care benefits	11 Nonqualified plans
12a		14 Other	
12b			
12c			
12d			
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number Ill. 37-6002116 000		16 State wages, tips, etc. 7,200.00	17 State income tax 270.00
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement 2015

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

10  
11



Employee's SSN [REDACTED]		1 Wages, tips, other compensation 7,200.00	2 Federal income tax withheld
OMB No. 1545-0048		3 Social security wages 7,200.00	4 Social security tax withheld 446.40
b Employer identification number 37-6002116	5 Medicare wages and tips 7,200.00	6 Medicare tax withheld 104.40	
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE 170 East Main General Fund Shelbyville IL 62565			
e Employee's first name and initial Stanley A		Last name Spesard	Suff.
f Employee's address and ZIP code [REDACTED]			
d Control number	7 Social security tips	8 Allocated tips	
9	10 Dependent care benefits	11 Nonqualified plans	
12a	14 Other		
12b			
12c			
12d			
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6002116 000	16 State wages, tips, etc. 7,200.00	17 State income tax 270.00	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	



Form **W-2** Wage and Tax Statement **2016**

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

a Employee's SSN [REDACTED]	1 Wages, tips, other compensation 7200.00	2 Federal income tax withheld
OMB No. 1545-0046	3 Social security wages 7200.00	4 Social security tax withheld 446.40
b Employer identification number 37-6002116	5 Medicare wages and tips 7200.00	6 Medicare tax withheld 104.40
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE 170 East Main General Fund Shelbyville IL 62565		
e Employee's first name and initial Stanley A		Last name Spesard
Employee's address and zip code [REDACTED]		
d Control number	7 Social security tips	8 Allocated tips
9 Verification code	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6002116 000	16 State wages, tips, etc. 7200.00	17 State income tax 313.20
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Employee's SSN [REDACTED]		1 Wages, tips, other compensation 8400.00	2 Federal income tax withheld
Employer's EIN 1545-0008		3 Social security wages 8400.00	4 Social security tax withheld 520.80
b Employer identification number 37-6002116		5 Medicare wages and tips 8400.00	6 Medicare tax withheld 121.80
c Employer's name, address, and ZIP code CITY OF SHELBYVILLE 170 East Main General Fund Shelbyville IL 62565			
e Employee's first name and initial Stanley A		Last name Spesard	Suff. [REDACTED]
d Control number		7 Social security tips	8 Allocated tips
9 Verification code		10 Dependent care benefits	11 Nonqualified plans
12a		14 Other	
12b			
12c			
12d			
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number IL 37-6002116 000		16 State wages, tips, etc. 8400.00	17 State income tax 415.80
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form **W-2** Wage and Tax Statement **2018**

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

a Employee's SSN [REDACTED]		1 Wages, tips, other compensation 12000.00		2 Federal income tax withheld	
b Employer identification number 37-6002116		3 Social security wages 12000.00		4 Social security tax withheld 744.00	
c Employer's home address and ZIP code CITY OF SHELBYVILLE 170 East Main General Fund Shelbyville IL 62565		5 Medicare wages and tips 12000.00		6 Medicare tax withheld 174.00	
e Employee's first name and initial Stanley A		Last name Spesard		Suff.	
d Control number		7 Social security tips		8 Allocated tips	
9 [REDACTED]		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other			
12b					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number IL 37-6002116 000		16 State wages, tips, etc. 12000.00		17 State income tax 594.00	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2019** Department of the Treasury Internal Revenue Service  
 Copy 1 - For State, City, or Local Tax Department

12/12/19