

Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008	
b Employer identification number (EIN) 91-0783146			1 Wages, tips, other compensation 84713.83		2 Federal income tax withheld 14022.93
c Employer's name, address, and ZIP code SOUTH KING FIRE & RESCUE 31617 1ST AVE S FEDERAL WAY, WA 98003			3 Social security wages 0.00		4 Social security tax withheld 0.00
			5 Medicare wages and tips 0.00		6 Medicare tax withheld 0.00
			7 Social security tips 0.00		8 Allocated tips 0.00
d Control number			9 Advance EIC payment 0.00		10 Dependent care benefits 0.00
e Employee's first name and initial ROBERT W.		Last name STINNETT	Suff.	11 Nonqualified plans 0.00	
[REDACTED]		[REDACTED]	[REDACTED]	12a See instructions for box 12 113.16	
[REDACTED]		[REDACTED]	[REDACTED]	12b 3600.00	
[REDACTED]		[REDACTED]	[REDACTED]	12c	
[REDACTED]		[REDACTED]	[REDACTED]	12d	
f Employee's address and ZIP code			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other MERRP 900.00
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

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

2007

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D.

22222		Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008					
b Employer identification number (EIN) 91-0788145				1 Wages, tips, other compensation 90492.70		2 Federal income tax withheld 14852.49					
c Employer's name, address, and ZIP code SOUTH KING FIRE & RESCUE 31617 1ST AVE S FEDERAL WAY, WA 98003				3 Social security wages 0.00		4 Social security tax withheld 0.00					
				5 Medicare wages and tips 0.00		6 Medicare tax withheld 0.00					
				7 Social security tips 0.00		8 Allocated tips 0.00					
d Control number				9 Advance EIC payment 0.00		10 Dependent care benefits 0.00					
e Employee's name, address, and ZIP code ROBERT W. STINNETT [REDACTED] [REDACTED]				11 Nonqualified plans 0.00		12a See instructions for box 12 C 126.96					
				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b G 3600.00					
				14 Other MERP 900.00		12c					
						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		20 Locality name	

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

2008

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D.

Copy D - For Employer or
Copy 1 - For State, City, or Local Tax Department

22222		Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008					
b Employer identification number (EIN) 91-0788146				1 Wages, tips, other compensation 125718.46		2 Federal income tax withheld 21055.57					
c Employer's name, address, and ZIP code SOUTH KING FIRE & RESCUE 31617 1ST AVE S FEDERAL WAY, WA 98003				3 Social security wages 0.00		4 Social security tax withheld 0.00					
				5 Medicare wages and tips 0.00		6 Medicare tax withheld 0.00					
				7 Social security tips 0.00		8 Allocated tips 0.00					
d Control number				9 Advance EIC payment 0.00		10 Dependent care benefits 0.00					
e Employee's name, address, and ZIP code ROBERT W. STINNETT [REDACTED] [REDACTED]				11 Nonqualified plans 0.00		12a See instructions for box 12 C 187.68					
				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b G 6000.00					
				14 Other MERP 900.00		12c					
						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		20 Locality name	

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

2009

Department of the Treasury—Internal Revenue Service

Copy D - For Employer or
Copy 1 - For State, City, or Local Tax Department

For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D.

22222 Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008	
b Employer identification number (EIN) 91-0788146		1 Wages, tips, other compensation 132721.67		2 Federal income tax withheld 22484.31	
c Employer's name, address, and ZIP code South King Fire & Rescue 31617 1st AVE S FEDERAL WAY, WA 98003		3 Social security wages 0.00		4 Social security tax withheld 0.00	
		5 Medicare wages and tips 0.00		6 Medicare tax withheld 0.00	
		7 Social security tips 0.00		8 Allocated tips 0.00	
d Control number		9 Advance EIC payment 0.00		10 Dependent care benefits 0.00	
e Employee's name, address, and ZIP code ROBERT W. STINNETT [REDACTED] [REDACTED]		11 Nonqualified plans 0.00		12a See instructions for box 12 C 198.72	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b G 6000.00	
		14 Other MERP 900.00		12c	
				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	
				20 Locality name	

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

2010

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Copy D - For Employer or
Copy 1 - For State, City, or Local Tax Department

22222 Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008		
b Employer identification number (EIN) 91-0738146		1 Wages, tips, other compensation 236214.24		2 Federal income tax withheld 50321.87		
c Employer's name, address and ZIP code South King Fire & Rescue 31617 1st AVE S FEDERAL WAY, WA 93003		3 Social security wages 0.00		4 Social security tax withheld 0.00		
		5 Medicare wages and tips 0.00		6 Medicare tax withheld 0.00		
		7 Social security tips 0.00		8 Allocated tips 0.00		
		9		10 Dependent care benefits 0.00		
d Control number		11 Nonqualified plans 0.00		12a See instructions for box 12 C 149.04		
e Employee's name, address, and ZIP code ROBERT W. STINNETT [REDACTED] [REDACTED]		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b G 6750.00		
		14 Other MERP 675.00		12c		
				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	20 Locality name

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

2011

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Copy D - For Employer or
Copy 1 - For State, City, or Local Tax Department