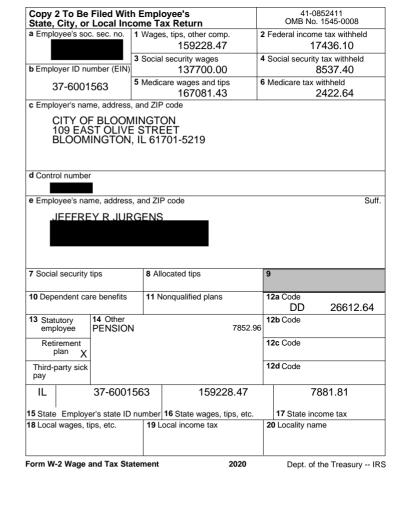
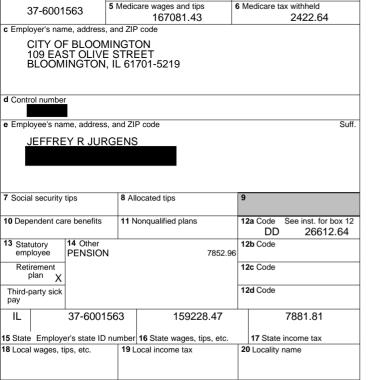
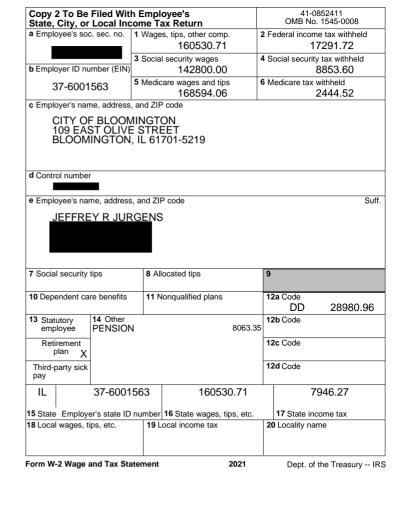
Copy B To B ederal Tax	e Filed With Return	Emp	oyee's		41-0852411 OMB No. 1545-0008	
Employee's s	oc. sec. no. 1	Wage	s, tips, other comp. 159228.47	<b>2</b> F	ederal income tax withheld 17436.10	
Employer ID r		Socia	security wages 137700.00	<b>4</b> S	ocial security tax withheld 8537.40	
37-600	5	Medic	are wages and tips 167081.43	6 N	Medicare tax withheld 2422.64	
Employer's na	ame, address, a	and ZIF			2422.04	
CITY C 109 EA BLOOM	OF BLOOMI AST OLIVE MINGTON,	NGT( STRE IL 61	ON EET 701-5219			
Control numb						
Employee's n	ame, address,	and ZII	ode code		Suff.	
Social securit	v tips	8 All	ocated tips	9		
Coolai Scoulii	y upo	71	odated tipo			
Dependent of	are benefits	11 N	onqualified plans	1:	2a Code See inst. for box 12 DD 26612.64	
3 Statutory employee	14 Other PENSION	'	7852.96	12	<b>2b</b> Code	
Retirement plan				12	2c Code	
Third-party sic pay	-			12d Code		
IL	37-60015	63	159228.47		7881.81	
			16 State wages, tips, etc.		17 State income tax	
3 Local wages,	tips, etc.	19 ∟	ocal income tax	20	0 Locality name	
orm W-2 Wage his information	e and Tax Stat is being furnish	ement ned to t	<b>2020</b> he Internal Revenue Servic	e	Dept. of the Treasury IRS www.irs.gov/efile	
	EMPLOYEE'S				41-0852411 OMB No. 1545-0008	
Employee's s			s, tips, other comp. 159228.47	<b>2</b> F	ederal income tax withheld 17436.10	
Employer ID r		Socia	security wages 137700.00	<b>4</b> S	Social security tax withheld 8537.40	
37-600	5	Medic	are wages and tips	6 N	Medicare tax withheld 2422.64	
Employer's na	ame, address, a	and ZIF			Z7ZZ.07	





State,	City, or	Filed With Local Inco	ome T	ax Return		41-0852411 OMB No. 1545-0008	
a Emple	oyee's soo	c. sec. no.	1 Wage	s, tips, other comp. 159228.47	2 F	ederal income tax withheld 17436.10	
<b>b</b> Emplo	oyer ID nu	3 Social security wages mber (EIN) 137700.00		4 Social security tax withheld 8537.40			
37-6001563		5 Medic			6 Medicare tax withheld 2422.64		
<b>c</b> Emplo	oyer's nan	ne, address,	and ZIF	code code	_		_
E				EET 701-5219			
e Empl	oyee's nar	ne, address,	and ZII	ocode code		Sı	uff.
70:			10.41				
/ Socia	I security	tips	8 All	ocated tips	9		
<b>10</b> Dep	endent ca	re benefits	11 N	onqualified plans	12	2a Code DD 26612.64	_ !
13 Stat emp	utory loyee	14 Other PENSION		7852.96		<b>2b</b> Code	
	rement olan X				12	2c Code	
Third-pay	oarty sick				12	2d Code	
IL		37-60015	563	159228.47		7881.81	
<b>15</b> State	Employe	er's state ID r	number	16 State wages, tips, etc.		17 State income tax	
18 Loca	wages, ti	ps, etc.	19 ∟	ocal income tax	20	D Locality name	

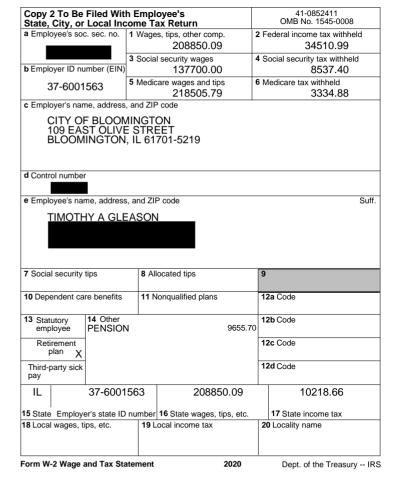
Copy B To Be FEDERAL Ta		Employe	ee's		41-0852411 OMB No. 1545-0008
a Employee's so	c. sec. no. 1	Wages, ti	os, other comp. 160530.71	<b>2</b> F	Federal income tax withheld 17291.72
<b>b</b> Employer ID n		Social sec	curity wages 142800.00	4 9	Social security tax withheld 8853.60
37-600°	1563	Medicare	wages and tips 168594.06	6 N	Medicare tax withheld 2444.52
c Employer's na	me. address. a	nd ZIP cod	de	1	
CITY O	F BLOOMIN ST OLIVE S IINGTON, I	NGTON STREE	r		
d Control numbe	er				
e Employee's na	me, address, a	nd ZIP co	de		Suff.
JEFFRI	EY R JURG	ENS			
7 Social security	tips	8 Alloca	ted tips	9	)
10 Dependent ca	are benefits	11 Nonq	ualified plans	1	2a Code See inst. for box 12 DD 28980.96
13 Statutory employee	14 Other PENSION		8063.		2b Code
Retirement plan X	1			1	2c Code
Third-party sick pay				1	2d Code
IL	37-600156	3	160530.71		7946.27
5 State Employ	er's state ID nu	mber 16	State wages, tips, etc.		17 State income tax
8 Local wages,			income tax		0 Locality name
Form W-2 Wage This information			2021 nternal Revenue Servi	ice	Dept. of the Treasury IRS www.irs.gov/efile
Copy C For E (See Notice to	Employee or				41-0852411 OMB No. 1545-0008
a Employee's so			os, other comp. 160530.71	<b>2</b> F	Federal income tax withheld 17291.72
<b>b</b> Employer ID n		Social sed	curity wages 142800.00	4 5	Social security tax withheld 8853.60
	-			0.1	A - di t dib b - I d





	Local Inco		oyee's ax Return		41-0852 OMB No. 15	
a Employee's soo	c. sec. no. 1	Wage	., ., ., .,	2 F	ederal income t	
			160530.71			91.72
		Socia		<b>4</b> S	ocial security ta	
<b>b</b> Employer ID nu	` ′_		142800.00			53.60
37-6001	563	Medio	g	6 M	6 Medicare tax withheld	
c Employer's nan	no addross r	and 715	168594.06		24	44.52
	F BLOOMI					
109 EAS	ST OLIVE INGTON,	STRI	ĒET			
d Control number	·					
e Employee's nar	ne, address,	and ZI	P code			Suff.
JEFFRE	Y R JURC	)EINS				
7 Social security	tips	8 AI	located tips	9		
7 Social security  10 Dependent ca			located tips		<b>2a</b> Code	
			·		<b>2a</b> Code DD	28980.96
			·	12		28980.96
10 Dependent car	re benefits		onqualified plans	12	DD	28980.96
10 Dependent car  13 Statutory employee  Retirement	re benefits		onqualified plans	12	DD 2b Code	28980.96
10 Dependent ca  13 Statutory employee  Retirement plan X  Third-party sick	re benefits	11 N	onqualified plans	12	DD 2b Code 2c Code	28980.96
10 Dependent car  13 Statutory employee Retirement plan X Third-party sick pay	re benefits  14 Other PENSION  37-60015	1111	Jonqualified plans 8063.35	12	DD 2b Code 2c Code	16.27

Сору В То Ве		Emp	loyee's		41-0852411 OMB No. 1545-0008		
Federal Tax R		141		2.5			
a Employee's soc	c. sec. no. 1	Wage	s, tips, other comp. 208850.09	2 ⊦	ederal income tax withheld 34510.99		
<b>b</b> Employer ID nu		Socia	l security wages 137700.00	<b>4</b> S	ocial security tax withheld 8537.40		
37-6001	` 1	Medic	are wages and tips	6 N	ledicare tax withheld		
c Employer's nan	218505.79 3334.88 Employer's name, address, and ZIP code						
CITY OF 109 EAS BLOOM	F BLOOMII ST OLIVE S INGTON, I	NGT( STRI L 61	ON EET 701-5219				
d Control number							
e Employee's nar	ne, address, a	and ZII	P code		Suff.		
TIWOTF	IY A GLEA	SON					
7 Social security	tips	8 AI	located tips	9			
10 Dependent car	re benefits	11 N	lonqualified plans	12	2a Code See inst. for box 12		
13 Statutory employee	14 Other PENSION		9655.7	12b Code			
Retirement plan X				12c Code			
Third-party sick pay				12	2d Code		
IL	37-60015	63	208850.09		10218.66		
15 State Employe	er's state ID nu	umber	16 State wages, tips, etc.		17 State income tax		
18 Local wages, ti	ps, etc.	19 L	ocal income tax	20	Locality name		
Form W-2 Wage This information is	and Tax States being furnish	ement ed to	<b>2020</b> the Internal Revenue Servio	ce	Dept. of the Treasury IRS www.irs.gov/efile		
Copy C For El					41-0852411 OMB No. 1545-0008		
a Employee's soo			es, tips, other comp. 208850.09	2 F	ederal income tax withheld 34510.99		
		Socia	I security wages	<b>4</b> S	ocial security tax withheld		
<b>b</b> Employer ID nu 37-6001	` ′ _	Medic	137700.00 care wages and tips	6 N	8537.40 ledicare tax withheld		
c Employer's nan		nd ZIF	218505.79		3334.88		



Suff.

CITY OF BLOOMINGTON 109 EAST OLIVE STREET BLOOMINGTON, IL 61701-5219

d Control number

e Employee's name, address, and ZIP code

TIMOTHY A GLEASON

7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 13 Statutory 14 Other 12b Code PENSION 9655.70 Retirement 12c Code plan X Third-party sick 12d Code pay 37-6001563 208850.09 10218.66 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

a Employee's soc. sec. no. 1 Wages, tips, other comp. 2 Federal income tax withheld 208850.09 34510.99 3 Social security wages 4 Social security tax withheld b Employer ID number (EIN) 8537.40 137700.00 5 Medicare wages and tips 6 Medicare tax withheld 37-6001563 218505.79 3334.88 c Employer's name, address, and ZIP code CITY OF BLOOMINGTON 109 EAST OLIVE STREET BLOOMINGTON, IL 61701-5219 d Control number Suff. e Employee's name, address, and ZIP code TIMOTHY A GLEASON 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code 13 Statutory 14 Othe 12b Code PENSION 9655.70 Retirement 12c Code plan Х Third-party sick 12d Code pay 37-6001563 208850.09 10218.66 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

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

41-0852411 OMB No. 1545-0008

Carrie D. Ta Da	F:1! \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				44 0050444
Copy B To Be FEDERAL Tax		-mpi	oyee's		41-0852411 OMB No. 1545-0008
a Employee's soc	s. sec. no. 1	Nage	s, tips, other comp. 181674.51	2	Prederal income tax withheld 28785.53
<b>b</b> Employer ID nu		Social	security wages 142800.00	4	Social security tax withheld 8853.60
37-6001	563	Medic	are wages and tips 201944.06	6	Medicare tax withheld 2945.67
109 EAS	ne, address, ar BLOOMIN TOLIVE S INGTON, IL	IGT(	ON EET		
d Control number					
e Employee's nan	ne, address, a	nd ZIF	o code		Suff.
7 Social security t	ips	8 Alle	ocated tips		9
10 Dependent car	e benefits	11 N	onqualified plans		12a Code See inst. for box 12 G 12950.00
13 Statutory employee	14 Other PENSION		8969	9.55	12b Code
Retirement plan X					12c Code
Third-party sick pay					12d Code
IL	37-600156	3	181674.51		8875.30
<b>15</b> State Employe	r's state ID nu	mber	16 State wages, tips, etc	c.	17 State income tax
18 Local wages, tip	os, etc.	19 L	ocal income tax		20 Locality name
Form W-2 Wage a This information is	and Tax State being furnishe	ment ed to t	<b>2021</b> he Internal Revenue Ser		Dept. of the Treasury IRS www.irs.gov/efile
Copy C For EN					41-0852411 OMB No. 1545-0008
(See Notice to a Employee's soc			s, tips, other comp. 181674.51	2	P. Federal income tax withheld 28785.53
<b>b</b> Employer ID nu		Social	security wages 142800.00	4	Social security tax withheld 8853.60
37-6001	` ′	Medic	are wages and tips	6	Medicare tax withheld
c Employer's nam	ne, address, ar	id ZIP	201944.06 code		2945.67

Copy 2 To Be Filed \ State, City, or Local			52411 1545-0008			
a Employee's soc. sec. n	o. 1 Wage	es, tips, other comp.	2 Fede		tax withheld	t
		181674.51		28	785.53	
		al security wages	4 Socia		tax withheld	
<b>b</b> Employer ID number (E	1	142800.00			853.60	
37-6001563	5 Medi	care wages and tips 201944.06	6 Medi	icare tax w 2	ithheld 1945.67	
c Employer's name, addr	ess, and ZII	P code				
CITY OF BLO 109 EAST OL BLOOMINGTO	VE STR	EET				
d Control number						
e Employee's name, add	ess, and ZI	P code				Suff.
		_				
TIMOTHY A G	$\Box \vdash \Delta \subseteq \cap$	N.				
TIMOTHY A G	ILEASO					
TIMOTHY A G	ILEASON	N				
TIMOTHY A G	iLEASO					
			9			
TIMOTHY A G		llocated tips	9			
	<b>8</b> Al		9	Code		
7 Social security tips	<b>8</b> Al	llocated tips		Code G	12950.0	00
7 Social security tips  10 Dependent care benef  13 Statutory 14 Oth	8 Al	llocated tips	12a (	G	12950.0	00
7 Social security tips  10 Dependent care benef  13 Statutory employee PENS	8 Al	llocated tips	12a (	G	12950.0	00
7 Social security tips  10 Dependent care benef  13 Statutory 14 Oth	8 Al	llocated tips	12a (	G	12950.0	00
7 Social security tips  10 Dependent care benef  13 Statutory employee Retirement	8 Al	llocated tips	12a (	G Code	12950.0	)))
7 Social security tips  10 Dependent care benef  13 Statutory employee Retirement plan X Third-party sick pay	8 Al	llocated tips	12a ( 9.55 12c ( 12d (	G Code Code	12950.0	00
7 Social security tips  10 Dependent care benef  13 Statutory employee Retirement plan X Third-party sick pay	8 Al 11 N er ON	Nonqualified plans 896	12a ( 9.55 12c ( 12d (	G Code Code	375.30	00
7 Social security tips  10 Dependent care benef  13 Statutory employee Retirement plan X Third-party sick pay  IL 37-60	8 Al 11 M er ON 01563	Nonqualified plans 896	12a ( 9.55 12b ( 12c ( 12d (	G Code Code	375.30 ome tax	000

			3 Socia	al security wages	4	Social sec	urity tax withheld
<b>b</b> Emplo	yer ID nu	mber (EIN)	- 000.0	142800.00			8853.60
· ·	37-6001	F62	5 Medic	care wages and tips	6	Medicare t	ax withheld
3	17-6001:	003		201944.06			2945.67
c Employ	yer's nam	e, address,	and ZIF	ode code			
10	09 EAS	BLOOM TOLIVE INGTON	STRI				
d Contro	ol number						
• Emplo	wee's nan	ne, address	and 71	P code			Suf
	•						Oui
	imoth	YAGIF	ASON	1			
T		OLL					
T.		1 / CEL					
Ī		777 022					
Ī		7,7,022					
	security t		8 AI			9	
	I security t		8 AI	located tips		9	
7 Social						9 12a Code	See inst. for box 12
7 Social	endent car	ips e benefits		located tips			See inst. for box 12 12950.00
7 Social  10 Deper	endent car	ips e benefits  14 Other	11 N	located tips		<b>12a</b> Code	
7 Social 10 Deper	endent car utory loyee	ips e benefits	11 N	located tips	9.55	12a Code G 12b Code	
7 Social  10 Deper	utory loyee	ips e benefits  14 Other	11 N	located tips	9.55	12a Code G	
7 Social 10 Deper 13 Statu emplo	utory loyee rement	ips e benefits  14 Other	11 N	located tips	9.55	12a Code G 12b Code	
7 Social 10 Deper 13 Statu emplo	utory loyee	ips e benefits  14 Other	11 N	located tips	9.55	12a Code G 12b Code	
7 Social 10 Deper 13 Statuemple Retire pl Third-pa	utory loyee rement plan X party sick	ips e benefits  14 Other	11 N	located tips	9.55	12a Code G 12b Code	
7 Social  10 Deper  13 Statu emple  Retire pl  Third-pay  IL	endent car utory loyee rement lan X earty sick	ips e benefits 14 Other PENSION 37-6001	11 N N 563	located tips  Nonqualified plans  8969	9.55	12a Code G 12b Code 12c Code	12950.00
7 Social 10 Deper 13 Statu emple Retirr pl Third-pay IL	endent car utory loyee rement lan X earty sick	ips e benefits 14 Other PENSION 37-6001 r's state ID	11 N 563	located tips Nonqualified plans 8969	9.55 -	12a Code G 12b Code 12c Code	12950.00 8875.30 e income tax

Copy 2 To Be State, City, or					OMB No	0852411 o. 1545-0008	
a Employee's soc	. sec. no.	1 Wage	s, tips, other comp.	2 F	ederal incon	ne tax withheld	ī
			181674.51		2	8785.53	
		3 Socia	I security wages	4 S	ocial securit	ty tax withheld	
<b>b</b> Employer ID nu	mber (EIN)		142800.00			8853.60	
37-6001	563	5 Medic	are wages and tips	6 M	ledicare tax	withheld	
07 0001	000		201944.06			2945.67	
c Employer's nam	ne, address,	and ZIF	o code				
109 EAS	F BLOOM ST OLIVE INGTON	STRI					
d Control number							
	na addrace	. and ZII	P code				
e Employee's nar	IY A GLE					,	Suff
. ,						·	Suf
. ,	Y A GLE	ASON		9			Suff
TIMOTH	IY A GLE	ASON	l		<b>2a</b> Code		Suff
TIMOTH	IY A GLE	ASON	located tips		<b>⊇a</b> Code G	12950.0	
TIMOTH	IY A GLE	8 AII 11 N	located tips	12			Suff 00
7 Social security of 10 Dependent car 13 Statutory	IY A GLE	8 AII 11 N	located tips	12	G		
7 Social security 10 Dependent car 13 Statutory employee Retirement	IY A GLE	8 AII 11 N	located tips	12 12 55 12	G 2b Code		
7 Social security 10 Dependent car 13 Statutory employee Retirement plan X Third-party sick	IY A GLE	8 AII 11 N	located tips	12 12 55 12	G 2b Code 2c Code 2d Code		
7 Social security of 10 Dependent car 13 Statutory employee Retirement plan X Third-party sick pay	Y A GLE tips re benefits 14 Other PENSION 37-6001	8 AII 11 N	located tips lonqualified plans 8969.	12 55 12	G 2b Code 2c Code 2d Code	12950.C	
7 Social security of 10 Dependent car 13 Statutory employee Retirement plan X Third-party sick pay	Y A GLE tips re benefits 14 Other PENSION 37-6001	8 AI 11 N 1 563 number	located tips lonqualified plans 8969.	12 55 12 12	G 2b Code 2c Code 2d Code	12950.C	

Copy B To Be Filed W Federal Tax Return	ith Emp	loyee's		41-0852411 OMB No. 1545-0008
a Employee's soc. sec. no.	1 Wage	es, tips, other comp. 130783.12	2 F	ederal income tax withheld 15352.84
<b>b</b> Employer ID number (EIN		l security wages 137425.38	<b>4</b> S	ocial security tax withheld 8520.32
37-6001563	5 Medic	care wages and tips	6 M	fledicare tax withheld 1992.68
c Employer's name, addres	s, and ZIF	code		
CITY OF BLOO 109 EAST OLIV BLOOMINGTON	E STRI	EET		
d Control number				
e Employee's name, addres	s, and ZI	P code		Suff.
KEVIN A KOTH	Ξ			
7 Social security tips	8 AI	located tips	9	
10 Dependent care benefits	11 N	lonqualified plans	12	2a Code See inst. for box 12 DD 26612.64
13 Statutory employee PENSIO	N	6642.2	26 12	<b>2b</b> Code
Retirement plan X			12	2c Code
Third-party sick pay			12	2d Code
IL 37-600	1563	130783.12		6354.36
15 State Employer's state II	) number	16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.	19 L	ocal income tax	20	0 Locality name
Form W-2 Wage and Tax S This information is being furn	tatement hished to	<b>2020</b> the Internal Revenue Servi	ce	Dept. of the Treasury IRS www.irs.gov/efile
Copy C For EMPLOYE				41-0852411
a Employee's soc. sec. no.		es, tips, other comp.	2 F	OMB No. 1545-0008 rederal income tax withheld
	3 Socia	130783.12	<b>4</b> S	15352.84 Social security tax withheld
<b>b</b> Employer ID number (EIN	)	137425.38		8520.32
37-6001563	j viedio	care wages and tips	I to IV	Medicare tax withheld



19 Local income tax

Form W-2 Wage and Tax Statement 2020
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

**b** Employer ID number (EIN)

37-6001563

a Employee's soc. sec. no. 1 Wages, tips, other comp.

130783.12

137425.38

137425.38

3 Social security wages

5 Medicare wages and tins

C Employe	ei S Hall	ie, audiess, ai	u ZIF	code		
109	9 EAS	F BLOOMIN ST OLIVE S INGTON, IL	TRE	ET		
d Control	number					
e Employe	ee's nar	ne, address, a	nd ZII	P code		Suff.
KE	VIN A	KOTHE				
7 Social s	ecurity	tips	8 All	ocated tips	9	
10 Depend	dent ca	re benefits	11 N	lonqualified plans	12a Code DD	See inst. for box 12 26612.64
13 Statuto employ		14 Other PENSION		6642.26	12b Code	
Retirer plai					12c Code	
Third-par pay	ty sick				12d Code	
IL		37-600156	3	130783.12		6354.36
5 State E	Employe	er's state ID nu	mber	16 State wages, tips, etc.	17 State	ncome tax
8 Local w	ages, ti	ps, etc.	19 L	ocal income tax	20 Locality r	name
orm W-2	Wage a	and Tax Stater	nent	2020	Dept.	of the Treasury IRS

18 Local wages, tips, etc.

20 Locality name

41-0852411 OMB No. 1545-0008

2 Federal income tax withheld 15352.84

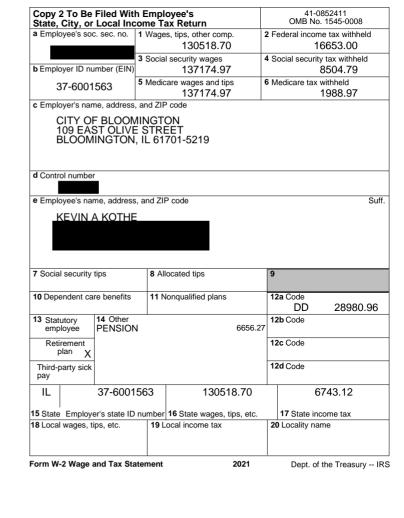
4 Social security tax withheld

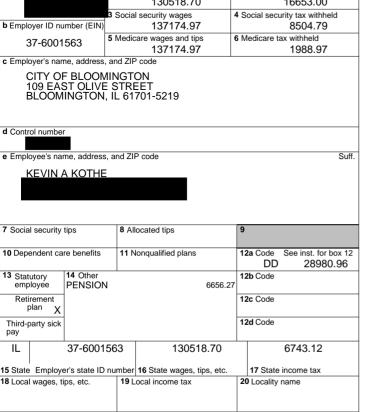
6 Medicare tax withheld

8520.32

1992.68

Copy B To Be FEDERAL Tax		h Emp	loyee's		41-0852411 OMB No. 1545-0008
a Employee's soo	c. sec. no.	1 Wage	s, tips, other comp.	72	Prederal income tax withheld
			130518.70	┸	16653.00
	. (=0.0	3 Socia	I security wages	4	Social security tax withheld
<b>b</b> Employer ID nu	imber (EIN)		137174.97		8504.79
37-6001	563	5 Medic	are wages and tips 137174.97	6	Medicare tax withheld 1988.97
c Employer's nan	ne address	and 7IE			1900.97
109 EAS	F BLOOM ST OLIVE INGTON	STRI			
d Control number					
e Employee's nar	me, address	, and ZII	P code		Suff.
KEVIN	A KOTHE				
7 Social security	tips	8 Al	located tips		9
10 Dependent ca	re benefits	11 N	lonqualified plans		12a Code See inst. for box 12 DD 28980.96
13 Statutory employee	14 Other PENSION	ı	6656	5.27	12b Code
Retirement plan X					12c Code
Third-party sick pay					12d Code
IL	37-6001	563	130518.70		6743.12
			16 State wages, tips, etc	<b>.</b>	17 State income tax
18 Local wages, ti	ps, etc.	19 L	ocal income tax		20 Locality name
Form W-2 Wage This information is	and Tax Sta s being furni	atement shed to	<b>2021</b> the Internal Revenue Ser	vice	Dept. of the Treasury IRS www.irs.gov/efile
Com. C 5 5'	MDI OVET	10 DE	CORDS		44.0052444
Copy C For El (See Notice to					41-0852411 OMB No. 1545-0008
a Employee's soo			es, tips, other comp. 130518.70	2	Prederal income tax withheld 16653.00



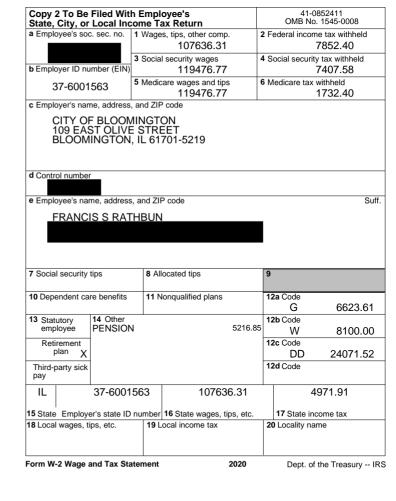


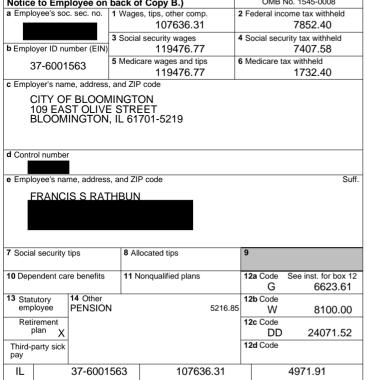
State,	City, or	Local Inc	ome Ta	ax Return		OMB N	lo. 1545-0008
				s, tips, other comp.	2	2 Federal inco	me tax withheld
				130518.70			16653.00
			3 Socia	security wages	4	Social secur	ity tax withheld
<b>b</b> Emplo	yer ID nu	mber (EIN)		137174.97			8504.79
	7 6004	F62	5 Medic	are wages and tips	6	6 Medicare tax	x withheld
3	7-6001	503		137174.97			1988.97
c Emplo	yer's nan	ne, address,	and ZIF	code code			
1	09 EAS	F BLOOM ST OLIVE INGTON,	STRI				
<b>d</b> Contro	ol number	•					
e Emplo	vee's nar	ne, address,	and ZII	ocode code			Suff.
7 Social	I security	tips	8 AI	ocated tips		9	
	•			·			
<b>10</b> Depe	endent ca	re benefits	11 N	onqualified plans		12a Code	
						DD	28980.96
13 Stati emp	utory loyee	14 Other PENSION			6656.27	12b Code	
	rement olan X					12c Code	
Third-p pay	arty sick					12d Code	
IL	,	37-6001	563	130518	3.70		6743.12
1 <b>5</b> State	Employe	er's state ID	number	16 State wages, tip	s, etc.	17 State i	ncome tax
	wages, ti		_	ocal income tax		20 Locality n	ame

Copy 2 To Be Filed With Employee's

41-0852411 OMB No. 1545-0008

		_			44.0	050444		
Copy B To Be Federal Tax R		Emp	loyee's		41-0852411 OMB No. 1545-0008			
a Employee's soc	c. sec. no. 1	Wage	s, tips, other comp. 107636.31	1	2 Federal incom	ne tax withheld 7852.40		
		Socia	I security wages	1	4 Social security	,		
<b>b</b> Employer ID nu	· · ·		119476.77			7407.58		
37-6001	503		are wages and tips 119476.77		6 Medicare tax	withheld 1732.40		
c Employer's nan	ne, address, a	nd ZIF	ocode code					
CITY OF 109 EAS BLOOM	F BLOOMII ST OLIVE S INGTON, I	NGT STRI L 61	ON EET 701-5219					
d Control number	· · · · · · · · · · · · · · · · · · ·							
e Employee's nar	ne. address. a	and ZII	P code			Suff.		
	S S RATH							
7 Social security	tips	8 AI	located tips		9			
10 Dependent ca		11 N	lonqualified plans		G	ee inst. for box 12 6623.61		
13 Statutory employee	14 Other PENSION		52	16.85	VV	8100.00		
Retirement plan X					12c Code DD	24071.52		
Third-party sick pay					12d Code	24071.02		
IL	37-60015	63	107636.3	1	4	971.91		
5 State Employe	er's state ID nu	umber	16 State wages, tips, e	etc.	17 State inc	come tax		
8 Local wages, ti	ps, etc.	19 L	ocal income tax		20 Locality na	me		
Form W-2 Wage : This information is			<b>202</b> the Internal Revenue S		Dept. of	the Treasury IRS www.irs.gov/efile		
Copy C For El						852411 . 1545-0008		
a Employee's soc			es, tips, other comp. 107636.31	:	2 Federal incom			
<b>b</b> Employer ID nu		Socia	l security wages 119476.77	1	4 Social security			
	<del>-</del>			-				





	Filed With					0852411
a Employee's so	c. sec. no. 1		es, tips, other comp.	2 Fe		o. 1545-0008 me tax withheld
		0	107636.31 I security wages	4.0		7852.40 ty tax withheld
<b>b</b> Employer ID no		Socia	119476.77	4 50	ociai securi	7407.58
37-6001	1563	Medic		6 M	edicare tax	
c Employer's nar		717	119476.77			1732.40
109 EA	F BLOOMI ST OLIVE IINGTON,	STR	EET			
e Employee's na	me, address,	and ZI	P code			Suf
7 Social security	tips	1 <b>2</b> Λ Ι		_		
•		٦	located tips	9		
10 Dependent ca	re benefits		located tips		a Code G	6623.61
10 Dependent ca 13 Statutory employee	14 Other PENSION		·	12		6623.61 8100.00
13 Statutory	14 Other PENSION		onqualified plans	12	G b Code	
13 Statutory employee  Retirement	14 Other PENSION		onqualified plans	12	G Bb Code W	8100.00
13 Statutory employee  Retirement plan X  Third-party sick	14 Other PENSION	11 1	onqualified plans	12	G Code W C Code DD Cd Code	8100.00
13 Statutory employee  Retirement plan X  Third-party sick pay	14 Other PENSION 37-60015 er's state ID n	1111	Jonqualified plans	12	G Code W C Code DD Cd Code	8100.00 24071.52 4971.91

17 State income tax

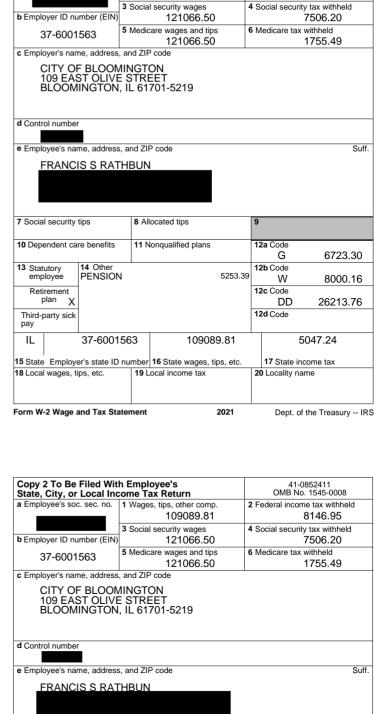
20 Locality name

15 State Employer's state ID number 16 State wages, tips, etc.

18 Local wages, tips, etc.

19 Local income tax

Copy B To Be FEDERAL Tax		Emp	loyee's			0852411 o. 1545-0008
a Employee's soo	c. sec. no. 1	Wage	es, tips, other comp.	<b>2</b> F	ederal inco	me tax withheld
			109089.81			8146.95
<b>b</b> Employer ID nu		Socia	l security wages 121066.50	4 S	Social securi	ity tax withheld 7506.20
b Employer ID No	` ′	NA a alia	care wages and tips	6 1	/ledicare tax	
37-6001	563	weak	121066.50	0 1	neulcale lax	1755.49
c Employer's nan	ne, address, a	nd ZIF				
109 EAS	F BLOOMII ST OLIVE S INGTON, I	STRI	EET			
d Control number	•					
e Employee's nar	ne, address, a	and ZI	P code			Suff.
	S S RATH					
7 Social security	tips	8 AI	located tips	9		
10 Dependent ca	re benefits	11 N	lonqualified plans	1	2a Code S	See inst. for box 12 6723.30
13 Statutory employee	14 Other PENSION		5253.3	39	<b>2b</b> Code W	8000.16
Retirement plan X				1	2c Code DD	26213.76
Third-party sick pay				1	2d Code	
IL	37-60015	63	109089.81			5047.24
15 State Employe	er's state ID nu	ımber	16 State wages, tips, etc.		17 State in	ncome tax
18 Local wages, ti	ps, etc.	19 L	ocal income tax	2	<b>0</b> Locality n	ame
Form W-2 Wage This information is	and Tax State s being furnish	ement ed to	2021 the Internal Revenue Servi	ce	Dept. o	of the Treasury IRS www.irs.gov/efile
Copy C For El (See Notice to	Employee o	n bac	k of Copy B.)		OMB N	0852411 o. 1545-0008
a Employoo's so					to allowed the co-	mo tov withhold



Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

1 Wages, tips, other comp.

109089.81

a Employee's soc. sec. no.

41-0852411 OMB No. 1545-0008

8146 95

2 Federal income tax withheld

d Control numbe	r					
Employee's na	me, address, an	d ZIF	code code			Suff.
FRANC	IS S RATHE	BUN				
7 Social security	tips	8 Allo	ocated tips		9	
í	.					
10 Dependent ca	re benefits	11 N	onqualified plans			See inst. for box 12
10 -	144.00				G	6723.30
13 Statutory employee	14 Other PENSION			5253.39	12b Code W	8000.16
Retirement					12c Code	0000.10
plan X					DD	26213.76
. V					12d Code	
Third-party sick						
			1000	89.81		5047.24
Third-party sick	37-600156	3	1090			
Third-party sick pay						
Third-party sick pay	er's state ID nun	nber	16 State wages,	tips, etc.	17 State i	income tax

109089.81

121066.50

121066.50

3 Social security wages

5 Medicare wages and tips

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

8146.95

7506.20

1755.49

a Employee's soc. sec. no. 1 Wages, tips, other comp.

b Employer ID number (EIN)

37-6001563

c Employer's name, address, and ZIP code

CITY OF BLOOMINGTON

Copy B To B Federal Tax I		h Emp	loyee's	41-0852411 OMB No. 1545-0008	
Employee's so		1 Wage	s, tips, other comp.	2 Federal income tax withheld	_
		· ···ago	146302.59	17785.51	
Employer ID n	umber (FIN)	3 Socia	l security wages 137700.00	4 Social security tax withheld 8537.40	
	` '	5 Medic	are wages and tips	6 Medicare tax withheld	
37-600	1563	3 Medic	153676.16	2228.31	
: Employer's na	me, address,	, and ZIF	ode code		
109 EA	OF BLOOM ST OLIVE MINGTON	STRI	EET		
Control number	er				
Employee's na	ame, address	, and ZII	P code		Suff.
BILLY	TYUS				
Social security	/ tips	<b>8</b> Al	located tips	9	
<b>0</b> Dependent c	are benefits	11 N	lonqualified plans	12a Code See inst. for box DD 26612.6	
3 Statutory employee	14 Other PENSION	1	7373.5	12b Code	
Retirement plan X				12c Code	
Third-party sick	-			12d Code	
IL	37-6001	563	146302.59	6883.66	
State Employ	/er's state ID	number	16 State wages, tips, etc.	17 State income tax	
B Local wages,			ocal income tax	20 Locality name	
orm W-2 Wage his information	e and Tax Sta is being furni	atement shed to	<b>2020</b> the Internal Revenue Servi	Dept. of the Treasury www.irs.gov	IR v/efil
Copy C For E			CORDS (See f Copy B.)	41-0852411 OMB No. 1545-0008	
Employee's so			es, tips, other comp. 146302.59	2 Federal income tax withheld 17785.51	i
Employer ID n	umber (EIN)	3 Socia	l security wages 137700.00	4 Social security tax withheld 8537.40	
37-600	1563	5 Medic	care wages and tips	6 Medicare tax withheld	
37-000	1303		153676 16	2228 31	

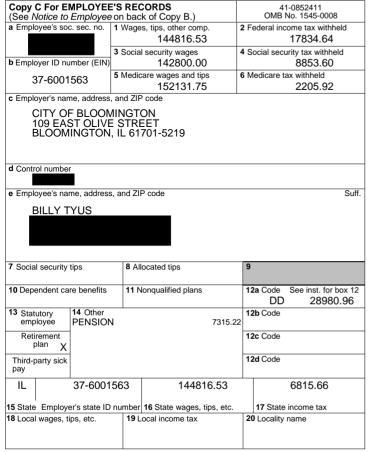
Copy 2 To Be	Filad With	Empl			41-0852411
State, City, or	r Local Inco				3 No. 1545-0008
a Employee's so	oc. sec. no.	l Wage	es, tips, other comp. 146302.59	2 Federal in	ncome tax withheld 17785.51
<b>b</b> Employer ID no		3 Socia	l security wages 137700.00	4 Social se	curity tax withheld 8537.40
37-6001	1563	5 Medic	care wages and tips 153676.16	6 Medicare	tax withheld 2228.31
c Employer's nar	me, address,	and ZIF	code		
109 EA	F BLOOM ST OLIVE IINGTON,	STRE	EET		
d Control numbe	er				
e Employee's na	me. address.	and ZII	P code		Su
BILLY 1	TYUS				
7 Social socurity	tine	Φ ΛΙΙ	located tips	۵	
7 Social security	r tips	8 All	located tips	9	
7 Social security 10 Dependent ca			located tips	9 12a Code	
				12a Code D[ 12b Code	26612.64
10 Dependent ca	14 Other PENSION		lonqualified plans	12a Code D[ 12b Code	D 26612.64
10 Dependent ca 13 Statutory employee Retirement	14 Other PENSION		lonqualified plans	12a Code DI 12b Code	O 26612.64
10 Dependent ca 13 Statutory employee  Retirement plan X  Third-party sick	14 Other PENSION	11 N	lonqualified plans	12a Code DI 12b Code 7	O 26612.64
10 Dependent ca  13 Statutory employee  Retirement plan X  Third-party sick pay	14 Other PENSION	11 N	lonqualified plans 7373.5	12a Code DI 12b Code 7 12c Code 12d Code	26612.64
10 Dependent ca  13 Statutory employee  Retirement plan X  Third-party sick pay	14 Other PENSION  37-60015	11 N	7373.5: 146302.59	12a Code DI 12b Code 7 12c Code 12d Code	26612.64 6 6 6 6883.66 te income tax



	ncome T	oyee's ax Return		OMB No. 1545-0008
a Employee's soc. sec. no	. 1 Wage	s, tips, other comp.	2 F	ederal income tax withheld
		146302.59		17785.51
			<b>4</b> S	ocial security tax withheld
<b>b</b> Employer ID number (EI	,	137700.00		8537.40
37-6001563	5 Medio	are wages and tips 153676.16	6 M	ledicare tax withheld 2228.31
c Employer's name, addre	ss, and ZIF	code code		
109 EAST OLI' BLOOMINGTO				
e Employee's name, addre	ess, and ZI	ode code		Suf
BILLY TYUS				
7 Social security tips	8 AI			
7 Social security lips	- /	ocated tips	9	
10 Dependent care benefit		ocated tips		2a Code
				2a Code DD 26612.64
	ts 11 N		12	
10 Dependent care benefit  13 Statutory 14 Other	ts 11 N	onqualified plans	12	DD 26612.64
10 Dependent care benefit  13 Statutory employee Retirement PENSI	ts 11 N	onqualified plans	12	DD 26612.64 Pb Code
10 Dependent care benefit  13 Statutory employee Retirement plan X Third-party sick pay	ts 11 N	onqualified plans	12	DD 26612.64 2b Code
10 Dependent care benefit  13 Statutory employee Retirement plan X Third-party sick pay	ts 11 N	7373.57 146302.59	12	DD 26612.64 2b Code 2c Code

Copy B To Be FEDERAL Tax	Return	Emp	loyee's		1-0852411 No. 1545-0008
a Employee's so	c. sec. no. 1	Wage		2 Federal inc	come tax withheld
			144816.53		17834.64
<b>b</b> Employer ID nu		Socia	I security wages 142800.00	4 Social sec	urity tax withheld 8853.60
. ,	` ′	Medic		6 Medicare t	
37-6001	563	Wicaic	152131.75	• Medicare t	2205.92
c Employer's nar	ne, address, a	ınd ZIF	code		
109 EAS	F BLOOMI ST OLIVE : IINGTON, I	STRE	EET		
d Control numbe	<u>r_</u>				
e Employee's na	me, address, a	and ZII	P code		Suff.
BILLY T	YUS				
7 Social security	tips	8 AI	located tips	9	
10 Dependent ca	re benefits	11 N	lonqualified plans	12a Code DD	See inst. for box 12 28980.96
13 Statutory employee	14 Other PENSION		7315.22	12b Code	
Retirement plan X				12c Code	
Third-party sick pay				12d Code	
IL	37-60015	63	144816.53		6815.66
l <b>15</b> State Employe	er's state ID n	umber	16 State wages, tips, etc.	17 State	income tax
18 Local wages, t	ips, etc.	19 L	ocal income tax	20 Locality	name
Form W-2 Wage	and Tax State	ement	2021	Dept	of the Treasury IRS
THIS INFORMATION I	s being luinist	ieu to	the Internal Revenue Servic	E	www.irs.gov/efile

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return	neld
144816.53   17834.64   17834.62	
3 Social security wages 14 Social security tax withh 142800.00 8853.60 37-6001563 5 Medicare wages and tips 152131.75 6 Medicare tax withheld 2205.92 c Employer's name, address, and ZIP code CITY OF BLOOMINGTON 109 EAST OLIVE STREET BLOOMINGTON, IL 61701-5219 d Control number e Employee's name, address, and ZIP code BILLY TYUS  7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code DD 2898 13 Statutory employee PENSION 7315.22 Retirement plan X Third-party sick 12d Code	
142800.00   8853.60   37-6001563   5 Medicare wages and tips   152131.75   6 Medicare tax withheld   2205.92   c Employer's name, address, and ZIP code   CITY OF BLOOMINGTON   109 EAST OLIVE STREET   BLOOMINGTON, IL 61701-5219   d Control number   e Employee's name, address, and ZIP code   BILLY TYUS   8 Allocated tips   9   10 Dependent care benefits   11 Nonqualified plans   12a Code   DD   2898   13 Statutory   employee   PENSION   7315.22   12b Code   Retirement   plan   X   Third-party sick   12d Code   1	eld
37-6001563  5 Medicare wages and tips 152131.75  c Employer's name, address, and ZIP code  CITY OF BLOOMINGTON 109 EAST OLIVE STREET BLOOMINGTON, IL 61701-5219  d Control number  e Employee's name, address, and ZIP code  BILLY TYUS  7 Social security tips  8 Allocated tips  9  10 Dependent care benefits  11 Nonqualified plans  12a Code DD 2898  13 Statutory employee  Retirement plan X  Third-party sick  5 Medicare wages and tips 2205.92  6 Medicare tax withheld 2205.92  6 Medicare tax withheld 2205.92  1 A Medicare tax withheld 2205.92  10 Dependent care to be a second of the part of the	
152131.75   2205.92   22	
c Employer's name, address, and ZIP code CITY OF BLOOMINGTON 109 EAST OLIVE STREET BLOOMINGTON, IL 61701-5219  d Control number  e Employee's name, address, and ZIP code BILLY TYUS  7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code DD 2898 13 Statutory employee PENSION 7315.22  Retirement plan X Third-party sick 12d Code	
CITY OF BLOOMINGTON 109 EAST OLIVE STREET BLOOMINGTON, IL 61701-5219  d Control number  e Employee's name, address, and ZIP code  BILLY TYUS  7 Social security tips  8 Allocated tips  9  10 Dependent care benefits  11 Nonqualified plans  12a Code DD 2898  13 Statutory employee PENSION  7315.22  Retirement plan X Third-party sick  12d Code	
109 EAST OLIVE STREET BLOOMINGTON, IL 61701-5219  d Control number  e Employee's name, address, and ZIP code BILLY TYUS  7 Social security tips  8 Allocated tips  9  10 Dependent care benefits  11 Nonqualified plans  12a Code DD 2898  13 Statutory employee PENSION  Retirement plan X  Third-party sick  12d Code	
e Employee's name, address, and ZIP code  BILLY TYUS  7 Social security tips  8 Allocated tips  9  10 Dependent care benefits  11 Nonqualified plans  12a Code DD 2898  13 Statutory employee  Retirement plan X  Third-party sick  12d Code	
7 Social security tips  8 Allocated tips  9  10 Dependent care benefits  11 Nonqualified plans  12a Code DD 2898  13 Statutory employee PENSION  7315.22  Retirement plan X  Third-party sick  12d Code	
7 Social security tips  8 Allocated tips  9  10 Dependent care benefits  11 Nonqualified plans  12a Code DD 2898  13 Statutory employee PENSION  Retirement plan X  Third-party sick  12d Code	Suff
7 Social security tips  8 Allocated tips  9  10 Dependent care benefits  11 Nonqualified plans  12a Code DD 2898  13 Statutory employee PENSION  Retirement plan X  Third-party sick  12d Code	
10 Dependent care benefits	
13 Statutory employee	
13 Statutory employee         14 Other PENSION         7315.22         12b Code           Retirement plan X Third-party sick         12c Code         12d Code	
mployee PENSION 7315.22  Retirement plan X Third-party sick 12d Code	0.96
Retirement plan X Third-party sick  12c Code  12d Code	
plan X Third-party sick 12d Code	
Third-party sick 12d Code	
Time party close	
pay	
IL 37-6001563 144816.53 6815.66	
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 2021 Dept. of the Treas	



olulo,		Filed With Local Inco					)852411 ). 1545-0008	
a Emplo	yee's soc	s. sec. no.	1 Wage	s, tips, other comp.	2 Fe	ederal incom	ne tax withheld	ı
				144816.53		1	7834.64	
			3 Socia	security wages	<b>4</b> Sc	ocial securit	y tax withheld	
<b>b</b> Emplo	yer ID nu	mber (EIN)		142800.00			8853.60	
3	7-6001	563	5 Medic	are wages and tips	6 M	edicare tax		
_				152131.75			2205.92	
<b>c</b> Emplo	yer's nan	ne, address,	and ZIF	code code				
1	09 EAS	F BLOOM ST OLIVE INGTON,	STRE	ET				
	ol number							
e Emplo	yee's nar	ne, address,	and ZII	ocode code			,	Suff
7 Social	security	tips	8 All	ocated tips	9			
<b>10</b> Depe	endent ca	re benefits	11 N		_			
				onqualified plans	12	2a Code		
·				onqualified plans	12	DD	28980.9	)6
13 Stati	utory loyee	14 Other PENSION		onqualified plans	12		28980.9	96
13 Stati					12	DD	28980.9	96
13 State emp	loyée rement				12	DD 2b Code	28980.9	96
13 State emp	loyée rement <sup>lan</sup> X		563		12	DD Rb Code Rc Code	28980.9 815.66	96
Retire pay	rement olan X party sick	37-60015		7315.22 144816.53	12	DD Rb Code Rc Code	815.66	96
Retire pay	rement olan X party sick	PENSION  37-60015  er's state ID r	number	7315.22	12	DD Pb Code Pc Code Pc Code Pc Code	815.66 come tax	96

Copy C For EMPLOYEE'S RECORDS

Copy B To Be Filed With Federal Tax Return	Employee's	41-0852411 OMB No. 1545-0008	Copy 2 To Be Filed With		41-0852411 OMB No. 1545-0008
	Wages, tips, other comp.	2 Federal income tax withheld	a Employee's soc. sec. no.		2 Federal income tax withheld
	117171.78	14651.73		117171.78	14651.73
<b>b</b> Employer ID number (EIN)	Social security wages 125849.35	4 Social security tax withheld 7802.60	<b>b</b> Employer ID number (EIN)	3 Social security wages 125849.35	4 Social security tax withheld 7802.60
37-6001563	Medicare wages and tips 125849.35	6 Medicare tax withheld 1824.86	37-6001563	5 Medicare wages and tips 125849.35	6 Medicare tax withheld 1824.86
c Employer's name, address, a		1024.80	c Employer's name, address		1024.00
CITY OF BLOOMII 109 EAST OLIVE S BLOOMINGTON, I	STREET		CITY OF BLOOM 109 EAST OLIVE BLOOMINGTON	STREET	
d Control number			d Control number		
e Employee's name, address, a	and ZIP code	Suff.	e Employee's name, address	, and ZIP code	Suff.
NICOLE R ALBER	TSON		NICOLE R ALBE	RTSON	
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 G 2706.60	10 Dependent care benefits	11 Nonqualified plans	12a Code G 2706.60
13 Statutory employee PENSION	5970.9	12b Code	13 Statutory employee PENSION	<b>j</b> 5970.9	12b Code
Retirement UNITED WA	AY 27.0	12c Code DD 15075.36	Retirement plan X	WAY 27.0	12c Code DD 15075.36
Third-party sick		12d Code	Third-party sick		12d Code
IL 37-600156	63 117171.78	5202.89	IL 37-6001	563 117171.78	5202.89
15 State Employer's state ID no	umber 16 State wages, tips, etc.	17 State income tax	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	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
This information is being furnish	ement 2020 ed to the Internal Revenue Servi	ce www.irs.gov/efile			
Copy C For EMPLOYEE'S Notice to Employee on ba		41-0852411 OMB No. 1545-0008	Copy 2 To Be Filed With State, City, or Local Inc		41-0852411 OMB No. 1545-0008
a Employee's soc. sec. no. 1		2 Federal income tax withheld 14651.73	a Employee's soc. sec. no.		2 Federal income tax withheld 14651.73
b Employer ID number (EIN)	Social security wages 125849.35	4 Social security tax withheld 7802.60	<b>b</b> Employer ID number (EIN)	3 Social security wages 125849.35	4 Social security tax withheld 7802.60
_	Medicare wages and tips 125849.35	6 Medicare tax withheld 1824.86	37-6001563	5 Medicare wages and tips 125849.35	6 Medicare tax withheld 1824.86
c Employer's name, address, a CITY OF BLOOMI 109 EAST OLIVE BLOOMINGTON, I	nd ZIP code NGTON STREET		c Employer's name, address CITY OF BLOOM 109 EAST OLIVE BLOOMINGTON	and ZIP code  IINGTON  STREET	7,50,100
d Control number			d Control number		
e Employee's name, address, a	and ZIP code	Suff.	e Employee's name, address	and ZIP code	Suff.
NICOLE R ALBER		Guin	NICOLE R ALBE		Gui.
7 Social security tips	8 Allocated tips	9	7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 G 2706.60	10 Dependent care benefits	11 Nonqualified plans	12a Code G 2706.60
13 Statutory employee PENSION	5970.9	12b Code	13 Statutory employee PENSION	J 5970.9	12b Code
Retirement plan X		12c Code DD 15075.36	Retirement plan X		12c Code DD 15075.36
Third porty sick		12d Code	Third party sick		12d Code

19 Local income tax

37-6001563

15 State Employer's state ID number 16 State wages, tips, etc.

Third-party sick

18 Local wages, tips, etc.

pay

5202.89

17 State income tax

20 Locality name

12d Code

117171.78

Third-party sick

18 Local wages, tips, etc.

pay

15 State Employer's state ID number 16 State wages, tips, etc.

19 Local income tax

37-6001563

5202.89

17 State income tax

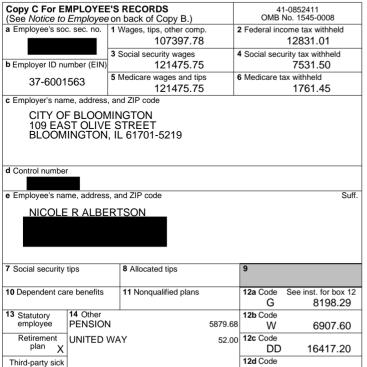
20 Locality name

12d Code

117171.78

Copy B To Be FEDERAL Ta			41-0852411 OMB No. 1545-0008					
a Employee's so	c. sec. no.	1 Wage	s, tips, other comp.	<b>2</b> F	ederal income tax withheld			
		• •	107397.78	<u> </u>	12831.01			
<b>b</b> Employer ID n	umber (FIN)	3 Socia	l security wages 121475.75	4 8	ocial security tax withheld 7531.50			
. ,	`	5 Medic	are wages and tips	6 N	ledicare tax withheld			
37-600°	1563	• Iviouic	121475.75	"	1761.45			
c Employer's na	me, address,	and ZIF	ocode code	-				
109 EA	F BLOOM ST OLIVE IINGTON	STRI	ON EET 701-5219					
d Control number	er							
e Employee's na	me. address	. and 711	P code		Suff.			
7 Social security tips			located tips	9	9			
10 Dependent care benefits			lonqualified plans	12	12a Code See inst. for box 12 G 8198.29			
13 Statutory employee	14 Other PENSION		5879.6	88	<b>2b</b> Code W 6907.60			
Retirement UNITED WA		VAY	52.0		DD 16417.20			
Third-party sick pay				12	2d Code			
IL	37-6001	563	107397.78		4728.34			
			16 State wages, tips, etc.		17 State income tax			
18 Local wages,	ips, etc.	19 L	ocal income tax	20	D Locality name			
Form W-2 Wage This information	and Tax Sta s being furni	се	Dept. of the Treasury IRS e www.irs.gov/efile					
Copy C For E			41-0852411 OMB No. 1545-0008					
			es, tips, other comp. 107397.78	<b>2</b> F	2 Federal income tax withheld 12831.01			

State, City, or Local Inc		oyee's ax Return		41-0852411 OMB No. 1545-0008			
a Employee's soc. sec. no.		es, tips, other comp.	2 Federal income tax withhe				
		107397.78		12831.01			
<b>b</b> Employer ID number (EIN)	3 Socia	l security wages 121475.75	4 S	Social security tax withheld 7531.50			
. ,	5 Modi	care wages and tips	6 M	7 33 1.30 6 Medicare tax withheld			
37-6001563	J MEGIN	121475.75	O IVI	1761.45			
c Employer's name, address	, and ZII	ode code					
CITY OF BLOOM 109 EAST OLIVI BLOOMINGTON	STR	ĒET					
d Control number							
e Employee's name, address	, and ZI	P code			Sı		
NICOLE R ALBE	RISC	N					
NICOLE R ALBE		located tips	9				
7 Social security tips	8 AI			<b>2a</b> Code			
7 Social security tips 10 Dependent care benefits	8 AI	located tips	12	G	8198.29		
7 Social security tips 10 Dependent care benefits	8 AI	located tips	12		8198.29 6907.60		
7 Social security tips  10 Dependent care benefits  13 Statutory employee PENSION UNITED	8 A    11 N	located tips	12	G Rb Code W Rc Code	6907.60		
7 Social security tips  10 Dependent care benefits  13 Statutory employee PENSION  Retirement plan X	8 A    11 N	located tips  lonqualified plans  5879.6	12 8 0 12	G Rb Code W Rc Code DD			
7 Social security tips  10 Dependent care benefits  13 Statutory employee PENSION  Retirement UNITED	8 A    11 N	located tips  lonqualified plans  5879.6	12 8 0 12	G Rb Code W Rc Code	6907.60		
7 Social security tips  10 Dependent care benefits  13 Statutory employee PENSION Retirement plan X Third-party sick	8 AI   11 N   N   WAY	located tips  lonqualified plans  5879.6	12 8 0 12	G Rb Code W Rc Code DD	6907.60		
7 Social security tips  10 Dependent care benefits  13 Statutory employee PENSION Retirement plan X Third-party sick pay	8 AI 11 N WAY	located tips lonqualified plans 5879.6 52.0	12 8 0 12	G Rb Code W Rc Code DD	6907.60 16417.20 728.34		
7 Social security tips  10 Dependent care benefits  13 Statutory employee Retirement plan X Third-party sick pay  IL 37-6001	8 AI 11 N WAY 563	located tips lonqualified plans 5879.6 52.0	12 8 0 12 12	G Rb Code W Rc Code DD Rd Code	6907.60 16417.20 728.34 come tax		



107397.78

Copy 2 To B State, City, o	r Local Inco		41-0852411 OMB No. 1545-0008				
a Employee's s	oc. sec. no.	1 Wages, tips, other comp. 107397.78			2 Federal income tax withheld 12831.01		
<b>b</b> Employer ID r		Social security wages 121475.75			4 Social security tax withheld 7531.50		
37-600	` ´ -	Medic	are wages and tips		6 Medicare tax withheld		
c Employer's na	amo addross r	and ZIE	121475.75		1761.45		
109 E	OF BLOOMI AST OLIVE MINGTON,	STR	ET				
e Employee's n	ame, address,	and ZII	ode code			Suff.	
7 Social securit	y tips	8 Allocated tips			9		
10 Dependent of	are benefits	11 Nonqualified plans			12a Code G	8198.29	
13 Statutory employee	14 Other PENSION	•	5879		12b Code W	6907.60	
Retirement UNITED W.		'AY 52.00			12c Code DD	16417.20	
Third-party sick pay					12d Code		
IL	37-60015		107397.78		4728.34		
			16 State wages, tips, etc		17 State income tax		
18 Local wages,	tips, etc.	19 L	ocal income tax		20 Locality na	ame	

2021

15 State Employer's state ID number 16 State wages, tips, etc.

19 Local income tax

37-6001563

pay

18 Local wages, tips, etc.

4728.34

17 State income tax

20 Locality name