	a Employee's social security number 008-70-6631	OMB No. 1545	oooo a	his information is being furr re required to file a tax retu nay be imposed on you if th	rn, a negligence penalty or	other sanction	
b Employer identification number (EIN) 03-0229189			1 Wages, tips, other compensation 27364.85 2654.00				
c Employer's name, address, and ZIP code PALL SPERA COMPANY REALTORS, LLC			3 Social security wages 4 Social security tax withheld 1696.62				
PALL SPERA COMPANY REALTORS, LLC				5 Medicare wages and tips 6 Medicare tax withheld			
PO BOX 539				27364.		396.79	
STOWE VT 05672-0539			7 Social security tips 8 Allocated tips				
d Control number			9 Verification code		10 Dependent car	10 Dependent care benefits	
e Employee's name, address, and Z ERIKA M	IP code HEINTZ		11 Nonc	qualified plans	12a See instruction	s for box 12	
PO BOX 232		-	13 Statutory employe	y Retirement Third-party e plan sick pay	12b		
STOWE VT 05672			employe	e plan sick pay	Cod		
	12 333,2	ŀ	14 Othe	:r	12c		
					Codd		
					12d		
					o d e		
S State Employer's state ID number VT WHT10070668	er 16 State wages, tips, etc. 27364.85	17 State income 87	e tax '6.42	18 Local wages, tips, etc	. 19 Local income tax	20 Locality name	
1							
mployee on the back of Copy B	a Employee's social security number	OMB No. 1545					
1.5	008-70-6631	OMD 110, 1343					
b Employer identification number (EIN			1 Wag	es, tips, other compensation	2 Federal income	tax withheld	
c Employer's name, address, and ZIP c	03-0354953		3 Soci	\$14,55 al security wages	4 Social security	\$1,413.0	
JUDY FOREGGER			3 300	\$14,55	1		
C/O PALL SPERA REALTOR			5 Mec	licare wages and tips	6 Medicare tax w	\$902.5	
PO BOX 539 STOWE, VT 05672-0539				\$14,556.70 \$211.07			
310WL, W1 03072-0339			7 Soci	al security tips	8 Allocated tips	J211.	
				\$	0.00	\$0.0	
d Control number			9		10 Dependent car	10 Dependent care benefits	
						\$0.0	
e Employee's first name and initial	Last name •	Suff.	11 Non	qualified plans	12a		
PO BOX 232	HEINTZ	- 	13 Statu		0.00	\$0.00	
STOWE, VT 05672-0232			empl	tory Retirement Third-p. oyee plan sick pay	12b		
			14 Othe	ur.	12c	\$0.00	
				•	c l	\$0.00	
				\$	0.00 2 12d	30.00	
				\$	0.00	\$0.00	
F Employee's address and ZIP code					0.00	¥ 2.00	
15 State Employer's state ID number	r 16 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality nam	
VT 430-030549531F	-01 \$14,556.70	0	\$589.00	\$0.0	\$0.	00	
	\$0.00		\$0.00	\$0.0	\$0.	00	
	Tax Statement vee's State, City, or Local Income Ta	2018 x Return	3	Depart	ment of the Treasury—Inte	ernal Revenue Serv	
PRODUCT		NTEREST			INTEREST ON	FED INCOME	
DESCRIPTION		NCOME	PI	ENALTY	U.S. BONDS	TAX WITHHEL	
SAVINGS	****1208	\$23.08					