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BENCH COPY  
Commissioner Strophy  
November 8th, 2023 @ 9:00 am

**Superior Court of Washington  
County of Lewis**

**In re the Marriage of:**

BRAXTON GREY TRAYLOR,

**Petitioner,**

**and**

JEANINE CAROLYN TRAYLOR,

**Respondent.**

No. 23-3-0029121

**Sealed Financial Source Documents  
(Cover Sheet)  
(SEALFN)**

**[X] Clerk's action required.**

**Sealed Financial Source Documents  
(Cover Sheet)**

The below-listed documents are to be filed under seal:

Jeanine Traylor's Statement of Earnings and Leave for pay periods ranging from 9/10/23 – 9/23/23.

Jeanine Traylor's 2022 W2.

COWLITZ LAW GROUP

\_\_\_\_\_  
KENNETH MARK ANDERSON, WSBA No. 14246  
Attorney for Respondent

**Important!** The other person and the lawyers in your case can see your **sealed** documents. If you need to keep your address information private for safety reasons, you may cross out or delete your address information.

GR 22(b)(8), (g)  
Mandatory Form (05/2016)  
FL All Family 011

Sealed Financial Source Documents

p. 1 of 2

THE COWLITZ LAW GROUP  
590 Waterfront Way Suite 504  
Vancouver, WA 98660  
Tel: (360) 597-7585

EMPLOYER'S NAME, ADDRESS, AND ZIP CODE

EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE

1 Wages, tips, other compensation	2 Federal income tax withheld
\$	\$
3 Social security wages	4 Social security tax withheld
\$	\$
5 Medicare wages and tips	6 Medicare tax withheld
\$	\$

EMPLOYER'S ID 72-0564834

EMPLOYEE'S SSN

8 Allocated tips	9	10 Dependent care benefits	12	14
\$		\$		
13 <input type="checkbox"/> Statutory Employee		<input type="checkbox"/> Retirement Plan		<input type="checkbox"/> Third Party Sick Pay
15 State/Employer's State ID#	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
	\$	\$	\$	\$
20 Locality name/Locality ID#				

Department of the Treasury-Internal Revenue Service  
FORM W-2 Wage and Tax Statement 2022

Copy B - To be filed with employee's  
Federal tax return

OMB No. 1545-0008  
(EPP Print)

EMPLOYER'S NAME, ADDRESS, AND ZIP CODE

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	\$	\$	\$	\$
20 Locality name/Locality ID#				

Department of the Treasury-Internal Revenue Service  
FORM W-2 Wage and Tax Statement 2022

Copy C - For employee's records  
(See insert for important information)

OMB No. 1545-0008  
(EPP Print)

EMPLOYER'S NAME, ADDRESS, AND ZIP CODE

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	\$	\$	\$	\$
20 Locality name/Locality ID#				

Department of the Treasury-Internal Revenue Service  
FORM W-2 Wage and Tax Statement 2022

Copy 2 - To be filed with employee's  
state or local tax return

OMB No. 1545-0008  
(EPP Print)

EMPLOYER'S NAME, ADDRESS, AND ZIP CODE

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Department of the Treasury-Internal Revenue Service  
FORM W-2 Wage and Tax Statement 2022

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