REISSUED a Employee's social security number			Safe, Accurate,	IRS O A		Visit the IRS Website		
STATEMENT 881-48-1502	OMB N	lo. 1545-0008	FAST! Use		le :	at www.irs.gov/efile.		
b Employer identification number	<u>.</u>	 Wages, 	tips, other compensation	2	Federal	income tax withheld		
03-0471267	198	3314.52	(62463.24				
c Employer's name, address, and ZIP code	3 Social se	ecurity wages	4	4 Social security tax withheld				
Deleon-Little Group	254	1189.88	1	19445.53				
6395 Wilkerson Station		e wages and tips	6					
Annshire MO 51730-0709		3712.2		6632.65				
Amishire Mo 31730 0709		ecurity tips	8	8 Allocated tips				
		1189.88		228712.2				
d Control number	9 Advance EIC payment 10 Dependent care benefits							
7891829				263				
e Employee's first name and initial Last name	11 Nonqual	ified plans	12a	12a See instructions for box 12				
	234	1		7127				
Alicia Woods	13 Statutory	Retirement Third-pa						
209 Elliott Points Apt. 602	employee	plan sick pay	·	E 654				
Harperbury KY 07512-	14 Other (se	ee enclosed Notice to Emp	oloyee) 12c	12c				
				D	745			
			12d	12d				
					E	934		
f Employee's address and ZIP code					,			
15 State Employer's state ID number 16 State wages, tips,	etc. 17 State income tax	18 Lo	ocal wages, tips, etc.	19 Local in	come tax	20 Locality name		
WV 153-34-204 107422.92	5257.27	167	167579.92		2.8	Laura Summit		
WA 875-64-641 105992.64	4923.09	237	7884.89	34519	.72	Scott Lodge		

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement

Copy B--To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

F	REISSUED	a Employee's soci	al security number			This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	88	31-48-1502		OMB No	OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.								
b Employer identification number					1 Wages, tips, other compensation					2 Federal income tax withheld				
03-0471267					198314.52					62463.24				
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld				
Deleon-Little Group					254189.88					19445.53				
6395 Wilkerson Station					5 Medicare wages and tips					6 Medicare tax withheld				
Annshire MO 51730-0709					228712.2					6632.65				
					7 Social security tips					8 Allocated tips				
					254189.88					228712.2				
d Control number					9	Advance EIC	payment			10	Depend	dent care b	enefits	
7891829												263		
e Employee's first name and initial Last name				11 Nonqualified plans					12a See instructions for box 12					
Alicia Woods					234 13 Statutory Retirement Third-party					7127				
209 Elliott Points Apt. 602					employee plan sick pay					E 654				
Harperbury KY 07512-4377				14	Other (see en	closed Not	ce to Employ	/ee)	12c		Ī			
									D 745					
										Ī	12d			
												E	934	
	oyee's address and ZIP coo		140 0000 0000	1.	47.00-1-1-1-1-1		140 1			140.1	1			100 1
15 State	Employer's state ID nu		16 State wages, tips	•	17 State income tax		10 2000 1000			9 Local income tax			20 Locality name	
WV	153-34	-204	107422.92	<u> </u>	5257.27	167579.9				36802.8				Laura Summit
WA	875-64	-641	105992.64	ı /.	4923.09	23.09		237884.89		34	34519.72			Scott Lodge

Wage and Tax

Form W-2 **Statement**Copy C For EMPLOYEE'S RECORDS.
(See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

