REISSUED a Employee's social security number		Safe, Accurate,		IRS Website			
STATEMENT 349-63-5509	OMB No. 1545-00	008 FAST! Use	at www.ii	rs.gov/efile.			
b Employer identification number	1 \	Vages, tips, other compensation	2 Federal income tax	Federal income tax withheld			
61-3637279		66429.54	15863.69	15863.69			
c Employer's name, address, and ZIP code	3 5	Social security wages	4 Social security tax	4 Social security tax withheld			
Allen-Young LLC		79543.72	6085.09	6085.09			
0635 Crystal Ways	5 1	Medicare wages and tips					
West Marc FL 97779-2730		52987.34		1536.63			
West Marc III 91119 2150	7 \$	Social security tips	·	8 Allocated tips			
		79543.72	5298				
d Control number	9 /	Advance EIC payment	10 Dependent care be	enefits			
2996571	11			238			
e Employee's first name and initial Last name		Nonqualified plans	12a See instructions f	12a See instructions for box 12			
Jill Hall		292	P 7640	P 7640			
		tory Retirement Third-party oyee plan sick pay	y 12b				
9920 Hess Manors Suite 184		oyee plan sick pay	D 831				
East Kimberlyport ID 76452-709		Other (see enclosed Notice to Emplo	oyee) 12c				
			G 793				
			12d				
			н 627				
f Employee's address and ZIP code							
	income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
ME 260-48-686 35857.72 1582	.31	79144.35	12027.61	Gutierrez Forks			
NC 785-11-287 30152.56 1711	.04	56353.04	7998.85	Shaun Loaf			

Wage and Tax

5070 **Statement** Form W-2

Department of the Treasury--Internal Revenue Service

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.

RE	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
STA	ATEMENT	34	49-63-5509	OMB	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 Employe	er identification number				1 Wages, tips, other compensation				2 Federal income tax withheld				
61-3637279				66429.54				15863.69					
c Employer's name, address, and ZIP code			3	3 Social security wages				4 Social security tax withheld					
Allen-Young LLC				79543.72				6085.09					
0635 Crystal Ways West Marc FL 97779-2730			5	5 Medicare wages and tips				6 Medicare tax withheld					
			52987.34					1536.63					
			7 Social security tips					8 Allocated tips					
					79543.72				52987.34				
d Control n	number				9 /	Advance EIC	payment			10	Depend	dent care be	enefits
2	996571											238	
e Employee's first name and initial Last name		11	11 Nonqualified plans				12a See instructions for box 12						
Jill Hall			292				P 7640						
		13 State	13 Statutory Retirement Third-party				12b						
9920 Hess Manors Suite 184			emp	oyee pl	an	sick pay			D	831			
9920 Hess Manors Surce 104				<u> </u>		<u> </u>				631			
East Kimberlyport ID 76452-709		14 (Other (see en	closed Noti	ce to Employ	ree)	12c		ĺ				
								G	793				
										12d		1	
											н	627	
f Employe	e's address and ZIP cod	le							-				
15 State	Employer's state ID no	ımber	16 State wages, tips, etc.	17 State income ta:	κ .	18 Local w	ages, tips,	etc.	19 Lo	ocal inc	ome tax	(20 Locality name
ME	260-48	8-686	35857.72	1582.31		79144	. 35		120	027	. 61		Gutierrez Forks
NC	785-11	287	30152.56	1711.04		56353	.04		799	98.	85		Shaun Loaf

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

