F	REISSUED	a Employee's socia	l security number			Sa	fe, Accurate,	Re 1	HIO	Visit the	IRS Website		
S	FATEMENT	27	4-73-9695	OMB N	o. 1545-0	0008 FA	ST! Use	G	√file)	at www.i	rs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
	65-6851417				53969.36				16065.85				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Jackson, Jackson and Downs Inc					55530.59				4248.09				
64163 Matthew Burgs Apt. 397					5 Medicare wages and tips				6 Medicare tax withheld				
Katherineshire KY 63033-7774					56983.1				1652.51				
,	na cher rhesh	TIE KI O	3033 7774		7 Social security tips				8 Allocated tips				
						55530.59			56983.1				
d Control number					9 Advance EIC payment				10 Dependent care benefits				
	5524150								116				
e Emplo	yee's first name and initial	Last name)	•	11 Nonqualified plans				12a See instructions for box 12				
	D				250				D 7029				
	David Turner 03421 Mary Square Suite 658 Lake Kevin AR 74604-0303				13 Statutory Retirement Third-party employee plan sick pay				12b	1			
									G 49		7		
					14 Other (see enclosed Notice to Employee)			oyee)	12c				
Lake Kevill Ak 74004-0303										100			
								-	12d				
										020			
								-		838			
f Emplo 15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wag	ies tins etc	19 1	ocal income ta	ν	20 Locality name		
IA	• •	066-58-323 28732.48 1210.57		3.,,,,,,,,			3744.84		1				
TW	000-30	-323	20132.40	1210.57		00344	. 	0 /	44.04		Friedman Spur		
KS	741-25	741-25-055 27938.79 1031.74			46114.69		10	10011.98		Weiss Fork			

Wage and Tax

Form W-2 Statement

5010

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.

	REISSUED	a Employee's soci	al security number 74-73-9695	OMB N	This information is being furnished to the Internal Revenue Service. If you are required OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT 274-73-9695 OMB N b Employer identification number				this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax wit					x withheld		
65-6851417					53969.36			16065.85				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Jackson, Jackson and Downs Inc					55530.59			4248.09				
64163 Matthew Burgs Apt. 397 Katherineshire KY 63033-7774					5	Medicare wages and tips	6 Medicare tax withheld 1652.51					
						56983.1						
	Rachelineshile Ki 05055-7774					7 Social security tips			8 Allocated tips			
						55530.59			56983.1			
	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	5524150							116				
e Emplo	yee's first name and initia	Last nam	e		11 Nonqualified plans			12a See instructions for box 12				
	David Turner				250 13 Statutory Retirement Third-party			D 7029				
	03421 Mary Square Suite 658				employee plan sick pay				497			
	Lake Kevin AR 74604-0303					14 Other (see enclosed Notice to Employee)			12c			
	Hake Nevill Mi /4004 0505							100				
								12d	Ī			
									838			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						I do la colorada de la colorada	10.1	ocal income tax		00 1		
15 State			16 State wages, tips, etc.			1.0 =====				20 Locality name		
IA	066-58	3-323	28732.48	1210.57		60544.41	87	44.84		Friedman Spurs		
KS	741-25-055 27938.79 1031.74		46114.69		10	011.98	Weiss Forks					

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

