REISSUED a Employee's social security number			Safe, Accur	ate,			Visit the	IRS Website	
STATEMENT 144-51-6748	OMB No.	. 1545-000	8 FAST! Use		-~ II	<i>le</i>	at www.ii	rs.gov/efile.	
b Employer identification number		1 W	ages, tips, other compens	sation	2	Federal	income tax	withheld	
43-9175100			121112.38			19322.26			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Steele and Sons LLC			138402.6			10587.8			
5222 Megan Springs Dawnborough GA 10214-2167			5 Medicare wages and tips			6 Medicare tax withheld			
			138220.65			4008.4			
			7 Social security tips			8 Allocated tips			
			138402.6			138220.65			
d Control number			9 Advance EIC payment			10 Dependent care benefits			
3463115						120			
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12				
Jamie Snyder		287				7648			
		13 Statutory Retirement Third-party employee plan sick pay			12b				
8847 Joseph Cliffs Apt. 418			vee plan	sick pay		P	699		
Port Ashleyhaven HI 94539-68			14 Other (see enclosed Notice to Employee)						
1010 110111071101011 1111 7 1000 00						н	345		
					12d	12d			
						D	965		
f Employee's address and ZIP code									
	17 State income tax		18 Local wages, tips, etc	. 1	9 Local inc	come tax		20 Locality name	
UT 326-63-768 64431.38	4271.34		85790.1	2	20203	. 93		Mills Estates	
KS 880-74-476 60354.63	4493.5		135556.16	2	20637	. 58		Guerra Haven	

Wage and Tax Statement

Form W-2

5070

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 socia	al security number			This information is being furnis	hed to th	he Internal Re	venue Serv	ice. If you are required		
STATEMENT	14	14-51-6748	OMB N	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	OTATEMENT			1 \	,			2 Federal income tax withheld			
43-9175100				121112.38			19322.26				
c Employer's name, address, and ZIP code			3 8	3 Social security wages			4 Social security tax withheld				
Steele and Sons LLC				138402.6			10587.8				
5222 Megan Springs			5 Medicare wages and tips			6 Medicare tax withheld					
				138220.65			4008.4				
Dawnborough GA 10214-2167			7 Social security tips			8 Allocated tips					
			138402.6			138220.65					
d Control number				9 A	dvance EIC payment		10 Depend	dent care be	enefits		
3463115								120			
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12						
Jamie Snyder			287			7648					
			13 Statu			12b	i				
8847 Joseph Cliffs Apt. 418			X	oyee plan sick pay		P	699				
Port Ashleyhaven HI 94539-68			14 Other (see enclosed Notice to Employee)			12c					
Tore homreyhaven in 94333 00		н				345					
						-	12d	0.10			
							_				
							D	965			
f Employee's address and ZIP co		AC State was a time at	17 State income tax		18 Local wages, tips, etc.	10.15	cal income tax		20. 1 1:4:		
		16 State wages, tips, etc.			3, 1.,			20 Locality name			
UT 326-6	3-/68	64431.38	4271.34		85790.1 20		0203.93		Mills Estates		
KS 880-7	4-476	60354.63	4493.5		135556.16	206	37.58		Guerra Haven		

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

