| R | REISSUED | a Employee's socia | l security number | | | | Safe, Accu | rate, | | | Visit the | IRS Website | |
|---|----------------------------|--------------------|----------------------------|---------------------|--|---|-------------------|-------|---------------------------------|--------------------------------|-----------|------------------|--|
| ST | TATEMENT | 10 | 8-42-0573 | OMB N | o. 1545-(| 8000 | FAST! Use | | e~f | 16 | at www.i | rs.gov/efile. | |
| b Employ | yer identification number | | | | 1 | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | |
| 88-8897217 | | | | | 92767.64 | | | | 2 | 28246.85 | | | |
| c Employ | yer's name, address, and 2 | ZIP code | | | 3 Social security wages | | | | 4 | 4 Social security tax withheld | | | |
| Quinn-Allen Ltd | | | | | 67301.24 | | | | 5 | 5148.54 | | | |
| 712 Ali Ferry Apt. 120 | | | | | 5 Medicare wages and tips | | | | 6 | | | | |
| | | | | | 83979.64 | | | | | 2435.41 | | | |
| · | Sethbury NE 40843-0019 | | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | | 67301.24 | | | | | 83979.64 | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 | 10 Dependent care benefits | | | | |
| | 3197999 | | | | | | | | | | 166 | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a | 12a See instructions for box 12 | | | | |
| | - 1 | _ | | | 199 | | | | | P 3441 | | | |
| Robert Moss 04226 Maxwell Mountains | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 12b | | 1 | | |
| | | | | | | | | | | G | G 967 | | |
| Elizabethview TN 71009-5368 | | | | | | Other (see enclosed Notice to Employee) | | | | | 1 | | |
| | | | | | | | | | | E | 537 | | |
| | | | | | | | | | | 12d | | | |
| | | | | | | | | | | D | 796 | | |
| f Employee's address and ZIP code | | | | | | | | | | | | | |
| 15 State | Employer's state ID nu | mber | 16 State wages, tips, etc. | 17 State income tax | | 18 Loc | al wages, tips, e | tc. | 19 Local in | come tax | (| 20 Locality name | |
| MO | 332-62 | -869 | 44750.32 | 2999.85 | | 889 | 66.16 | : | 17246 | .87 | | Michael Land | |
| IL | 184-94 | -066 | 42795.62 | 1813.74 | | 994 | 32.27 | : | 18375 | .73 | | Bridget Village | |

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.

| REISSUED | REISSUED a Employee's social security number | | | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | |
|--|---|--|--------------------|----|---|-----------------------|-------------|-------------------------------|---------------------------------|------------------|--|--|
| STATEMENT | STATEMENT 108-42-0573 OMB N | | | | 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 | | | | | ages, tips, other comp | ensation | 2 | 2 Federal income tax withheld | | | | |
| 88-8897217 | | | | | 92767.64 | | | | 28246.85 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | |
| Quinn-Allen Ltd | | | | | 67301.24 | | | | 5148.54 | | | |
| 712 Ali Ferry Apt. 120 | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | |
| Sethbury NE 40843-0019 | | | | | 83979.64 | | | | 2435.41 | | | |
| | | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | | 67301.24 | | | | 83979.64 | | | |
| d Control number | d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 3197999 | | | | | | | | | 166 | | | |
| e Employee's first name and initia | e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| _ , | | | | | 199 | | | | P 3441 | | | |
| Robert Moss 04226 Maxwell Mountains | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 1 | | | |
| | | | | | | | | | 967 | | | |
| Elizabeth | 14 | 14 Other (see enclosed Notice to Employee) | | | | 12c | | | | | | |
| | | | | | E | 537 | | | | | | |
| | | | | | | | | | 12d | | | |
| | | | | | D | 796 | | | | | | |
| f Employee's address and ZIP code | | | | | | | | | ı | | | |
| 15 State Employer's state ID r | umber | 16 State wages, tips, etc. | 17 State income ta | ax | 18 Local wages, tips, | , etc. | 19 Local in | come tax | (| 20 Locality name | | |
| MO 332-6 | 2-869 | 44750.32 | 2999.85 | | 88966.16 | | 17246 | .87 | | Michael Land | | |
| IL 184-9 | 4-066 | 42795.62 | 1813.74 | | 99432.27 | | 18375 | .73 | | Bridget Village | | |

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

