REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Websi					te		
STATEMENT	362-66-	4490	OMB No. 15	15-0008	FAST! Use		≁file_	at www.ir	s.gov/efile		
b Employer identification number			1	Wages, tip	s, other compensa	ation	2 Feder	al income tax	withheld		
54-7511581				143146.85			16577.49				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Hayes-Shepherd LLC				139977.66			10708.29				
39294 Jessica Light				5 Medicare wages and tips			6 Medicare tax withheld				
South Lisaside UT 24245-2804				107014.75				3103.43			
				7 Social security tips				8 Allocated tips			
				139977.66			107014.75				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
3344931							109				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Lisa Johnson				268			D 1288				
				13 Statutory Retirement Third-party			12b				
725 Douglas Vista Suite 024				employee	x s	ick pay	P	202			
_				Other (see	enclosed Notice to	o Employee)	12c	1			
Kathleenburgh IA 25169-4908											
							546				
							12d	1			
								632			
f Employee's address and ZIP of											
15 State Employer's state ID			income tax		al wages, tips, etc.		Local income ta		20 Locality	name	
NM 022-5	5-217 73253	3.99 5598	.28	1271	L90.42	17	621.81		Jennifer	Streets	
ND 151-3	3-185 70372	2.24 5359	.55	1722	288.83	15	914.25		Bush	Oval	

Wage and Tax

Form W-2 Statement

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 furnished to the Internal Revenue Service. If you are required						
	TATEMENT		62-66-4490	OMB N	OMP No. 1545 0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if						
	b Employer identification number				this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld						
54-7511581					143146.85	16577.49					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Hayes-Shepherd LLC				139977.66			10708.29				
39294 Jessica Light				5 Medicare wages and tips			6 Medicare tax withheld				
South Lisaside UT 24245-2804						107014.75	3103.43				
					7 Social security tips			8 Allocated tips			
				139977.66			107014.75				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
	3344931							109			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Lisa Johnson				268			D 1288				
				13 State			12b				
725 Douglas Vista Suite 024				employee plan sick pay			P 202				
Kathleenburgh IA 25169-4908				14 (Other (see enclosed Notice to Employe	ee)	12c				
							F 4.C				
			546								
								120	Ì		
							632				
	yee's address and ZIP cod										
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		9 Local income tax		20 Locality name	
NM	022-55	5-217	73253.99	5598.28		127190.42		L7621.81		Jennifer Streets	
ND	151-33	3-185	70372.24	5359.55		172288.83	15	914.25		Bush Oval	

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

