REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website								
STATEMENT 788-10-8939				No. 1545-0008						rs.gov/efile.		
<b>b</b> Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld				
	42-7106542			1	140677.17			26619.99				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Jenkins Inc PLC				149099.6			11406.12					
1868 Wright Land Suite 614					5 Medicare wages and tips			6 Medicare tax withheld				
					161755.74			4690.92				
Tiffanymouth RI 47803-0499				7 Soc	7 Social security tips			8 Allocated tips				
				1	149099.6			161755.74				
d Control number				9 Adv	9 Advance EIC payment			10 Dependent care benefits				
9254053									267			
e Employee's first name and initial Last name				<b>11</b> Non	11 Nonqualified plans			12a See instructions for box 12				
				2	6264							
Kathy Terry 9163 Katie Field					13 Statutory Retirement Third-party employee plan sick pay				12b			
				employee					697			
North Marissatown OK 64178-168					er (see enclosed Notice to Em	oloyee)	12c	ı	1			
									155			
							12d					
								P	245			
4 F	yee's address and ZIP code							P	243			
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	( 1:	8 Local wages, tips, etc.	19	Local inco	me tax		20 Locality name		
NV	540-08-411	65327.82	5596.21	1	72532.66	14	1153.	63		Brenda Walk		
мо	679-82-445	77229.74	6943.18	1	150911.82 1		L4468.95			Steven Crossing		
<u>.                                    </u>	Wage and Ta		Department of the TreasuryInternal Revenue Service									
Statement CUL					Бер	ai (1116111	or tile II	icasul	y -111101110	ai itoveriue dervice		

**Statement** Form W-2 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		This information is being furnished to the Internal Revenue Service. If you are requ									
STATEMENT	<b>STATEMENT</b> 788-10-8939 OMB N					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				1	· · · · · · · · · · · · · · · · · · ·			2 Federal income tax withheld					
42-7106542					140677.17			26619.99					
c Employer's name, address, and ZIP code				3	3 Social security wages			4 Social security tax withheld					
Jenkins Inc PLC					149099.6			11406.12					
1868 Wright Land Suite 614					5 Medicare wages and tips				6 Medicare tax withheld				
					161755.74				4690.92				
Tiffanymouth RI 47803-0499				7	7 Social security tips			8 Allocated tips					
					149099.6			161755.74					
d Control number				9	9 Advance EIC payment 10 Dependent care benefits					enefits			
9254053									267				
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12					
					276			6264					
Kathy Terry					13 Statutory Retirement Third-party				12b				
9163 Katie Field North Marissatown OK 64178-168					employee plan sick pay			G 697					
					14 Other (see enclosed Notice to Employee)				12c				
								155					
								12d					
								P	245				
f Employee's address and ZIP	onde												
15 State Employer's state ID		16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tip	s, etc.	19 Local in	come tax	(	20 Locality	name		
NV 540-0	8-411	65327.82	5596.2	1	172532.6	6	14153	. 63		Brenda	Walk		
MO 679-8	32-445	77229.74	6943.1	8	150911.8	2	14468	. 95		Steven C	rossing		

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

