REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					
STATEMENT 348-44-3552	OMB No. 1545-0	DOS FAST! Use	at www.irs.gov/efile.				
b Employer identification number	1	Wages, tips, other compensation	Federal income tax withheld				
03-0460497		116580.67	13503.95				
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax withheld				
Turner-Mcgee LLC		135720.04	10382.58				
23227 Rogers Extension	5	Medicare wages and tips	6 Medicare tax withheld				
_		99529.69		2886.36			
Port Amyborough MT 74983-6354	7	Social security tips	8 Allocated tips				
		135720.04	99529.69				
d Control number	9	Advance EIC payment	10 Dependent care benefits				
6827435			225				
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions for box 12				
Daniel a Garage		138	5456				
Angela Sawyer		itory Retirement Third-party	12b				
66095 Victoria Path Apt. 853	X	oyee plan sick pay	E 499				
West Marcoton MN 15603-9349	14	Other (see enclosed Notice to Employ	/ee) 12c				
Nest 1121000011111 15005 5515			421				
			12d				
			G 516				
f Employee's address and ZIP code			<u>'</u>				
15 State Employer's state ID number 16 State wages, tips, etc. 17	State income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name	е			
NE 475-79-691 58468.25 3:	179.28	129911.04	22612.96 Lewis Gle	ns			
VT 141-47-858 61367.42 3	768.83	142019.11	15250.69 Melton Stat	ion			

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.

R	REISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	TATEMENT	34	18-44-3552	OME	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.							1 you if
b Employer identification number			1	Wages, tips, other compensation			2 Federal income tax withheld					
03-0460497					116580.67			13503.95				
c Employer's name, address, and ZIP code				3	3 Social security wages			4 Social security tax withheld				
Turner-Mcgee LLC					135720.04			10382.58				
23227 Rogers Extension					5				6 Medicare tax withheld			
Port Amyborough MT 74983-6354					99529.69			2886.36				
				7	7 Social security tips			8 Allocated tips				
						135720.04				9952	9.69	
d Contro	l number				9	Advance EIC payment		10	Depend	dent care be	enefits	
	6827435									225		
e Employ	yee's first name and initial	Last name			11	Nonqualified plans		12a	See ins	structions	for box 12	
					138			5456				
1	Angela Sawyer				13 Statutory Retirement Third-party			12b				
66095 Victoria Path Apt. 853				employee plan sick pay			E 499					
			_		14	Other (see enclosed No	ice to Employe	e) 12c				
West Marcoton MN 15603-9349									421			
								12d		421		
								120		I		
									G	516		
f Employ	yee's address and ZIP cod	e										
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income to	ax	18 Local wages, tips,	etc.	19 Local in	come tax	(20 Locality	/ name
NE	475-79	-691	58468.25	3179.28		129911.04		22612	.96		Lewis	Glens
VT	141-47	-858	61367.42	3768.83		142019.11		15250	. 69		Melton	Station

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

