F	REISSUED	a Employee's socia	l security number			Safe	, Accurate,		H	Visit the	IRS Webs	site
S	TATEMENT	14	9-37-0091	OMB N	lo. 1545-0	0008 FAS	T! Use	G	ile	at www.i	rs.gov/efil	е.
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld			
75-4437925						197016.26			23517.4			
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld			
Oconnor-Barnes Ltd						239554.06			18325.89			
9398 Dean Landing Suite 470 Howardbury IN 47882-8105					5	ager and apr			6 Medicare tax withheld			
					244286.26				7084.3			
Howardbury IN 47882-8105					7 Social security tips			8	8 Allocated tips			
						239554.06			244286.26			
d Control number					9 Advance EIC payment 10 Dependent care benefits				enefits			
4659568									221			
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12			
	m 711.					285			7081			
	Teresa Ellis				13 Statutory Retirement Third-party employee plan sick pay			12	b	i		
	653 Hoffman Plains South Jacob AL 86420-4934					X X X X 14 Other (see enclosed Notice to Employee)			P	349		
									С	1		
								н	580			
							12	12d				
										992		
f Emplo	yee's address and ZIP cod	е								I .		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	•	18 Local wage	s, tips, etc.	19 Local	income ta:	(20 Localit	y name
UT	076-93	-029	96660.01	5662.94		138110	. 98	3338	8.42		Dylan	Trail
UT	516-77	-021	107421.67	6050.33		187803	. 97	3257	8.65		Paul	Union

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 soci	al security number			This information is being furnis	hed to	the Internal Re	venue Serv	ice. If you are required		
STATEMENT	to file a tax return, a negligence penalty or other sanction may be imposed on you if								e imposed on you if		
b Employer identification number			l	Wages, tips, other compensation			2 Federal income tax withheld				
75-4437925					197016.26			23517.4			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Oconnor-Barnes Ltd					239554.06			18325.89			
9398 Dean Landing Suite 470 Howardbury IN 47882-8105					5 Medicare wages and tips			6 Medicare tax withheld			
					244286.26			7084.3			
					7 Social security tips			8 Allocated tips			
					239554.06			244286.26			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
4659568							221				
e Employee's first name and initi	al Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
m					285			7081			
Teresa	Teresa Ellis				13 Statutory Retirement Third-party employee plan sick pay			1			
653 Hoffman Plains South Jacob AL 86420-4934					X X X X X X X X X X X X X X X X X X X			P 349			
								12c			
								н 580			
						-	12d	1			
								992			
f Employee's address and ZIP code									_		
15 State Employer's state ID	Employer's state ID number 16 State wages, tips, etc. 17 State income tax		3.7,7,7		19 Lo	ocal income tax	20 Locality name				
UT 076-9	3-029	96660.01	5662.94	138110.98		333	33388.42		Dylan Trail		
UT 516-7	516-77-021 107421.67 6050.33		187803.97		32578.65			Paul Union			

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

