| F   | REISSUED a Employee's social security number |       |                            |                     | Safe, Accurate, |   |         |             | Visit the IRS Website           |                |                  |  |
|---|--|-------|----------------------------|---------------------|-----------------|---|---------|-------------|---------------------------------|----------------|------------------|--|
| S   | TATEMENT                                     | 2:    | L5-78-7146                 | OMB N               | No. 1545-000    | 8 FAST! Use   |         | <b>1</b> 11 | E                               | at www.ii      | rs.gov/efile.    |  |
| b Employer identification number              |  |       |                            |                     | 1 Wa            | 1 Wages, tips, other compensation                         |         |             | Federal income tax withheld     |                |                  |  |
| 93-3002832                                    |  |       |                            |                     |                 | 211901.76   |         |             | 37053.09                        |                |                  |  |
| c Employer's name, address, and ZIP code      |  |       |                            |                     |                 | 3 Social security wages                                   |         |             | 4 Social security tax withheld  |                |                  |  |
| Butler PLC LLC                                |  |       |                            |                     |                 | 154066.41   |         |             | 11786.08                        |                |                  |  |
| 6294 Daugherty Squares Suite 775              |  |       |                            |                     |                 | 5 Medicare wages and tips                                 |         |             | 6 Medicare tax withheld         |                |                  |  |
| ]   |  |       |                            |                     |                 | 206098.92   |         |             | 5976.87                         |                |                  |  |
| South Lindahaven DE 96669-7379                |  |       |                            |                     |                 |   |         |             | 8 Allocated tips                |                |                  |  |
|   |  |       |                            |                     |                 | 154066.41   |         |             | 206098.92                       |                |                  |  |
| d Control number                              |  |       |                            |                     | <b>9</b> Ad     | Advance EIC payment                                       |         |             | 10 Dependent care benefits      |                |                  |  |
| 687342  |  |       |                            |                     |                 |   |         |             | 127                             |                |                  |  |
| e Employee's first name and initial Last name |  |       |                            |                     | 11 No           | Nonqualified plans  |         |             | 12a See instructions for box 12 |                |                  |  |
|   | T-b- D-1                                     |       |                            |                     | :               | 129   |         |             | P 6702                          |                |                  |  |
|   | John Bak                                     | er    |                            |                     | 13 Statuto      | 3 Statutory Retirement Third-party employee plan sick pay |         |             |                                 |                |                  |  |
| 6745 William Crescent Apt. 504                |  |       |                            |                     |                 |   |         |             | 871                             |                |                  |  |
| South Grantfort ID 11337-5993                 |  |       |                            |                     |                 | ner (see enclosed Notice to Em                            | ployee) | 12c         | ı                               | 1              |                  |  |
|   |  |       |                            |                     |                 |   |         |             |                                 | 858            |                  |  |
|   |  |       |                            |                     |                 |   |         |             | 12d                             |                |                  |  |
|   |  |       |                            |                     |                 |   |         |             | E                               | 389            |                  |  |
| f Emplo                                       | ovee's address and ZIP cod                   | le    |                            |                     |                 |   |         |             |                                 | 303            |                  |  |
| 15 State                                      | Employer's state ID nu                       |       | 16 State wages, tips, etc. | 17 State income tax | ·               | 18 Local wages, tips, etc.                                | 19      | Local inco  | me tax                          |                | 20 Locality name |  |
| HI  | 492-54                                       | -787  | 114139.77                  | 5277.92             | :               | 251525.45   | 33      | 3274.       | 16                              |                | Carter Forges    |  |
| со  | 598-68                                       | 3-776 | 108324.52                  | 5005.06             |                 | 168940.59   |         | 2872.16     |                                 | Campbell Forge |                  |  |
| Wage and Tax Statement                        |  |       |                            |                     |                 | Department of the TreasuryInternal Revenue Service        |         |             |                                 |                |                  |  |

**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.

| RI  | EISSUED  | a Employee's soci | al security number        | This information is being furnished to the Internal Revenue Service. If you are requited to file a tax return, a negligence penalty or other sanction may be imposed on you if |   |  |                         |     |                                   |         |                |  |  |
|---|--|-------------------|---------------------------|--|---|--|-------------------------|-----|-----------------------------------|---------|----------------|--|--|
| ST  | ATEMENT  | 2:                | 15-78-7146                | OM   | 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. |  |                         |     |                                   |         |                |  |  |
| <b>b</b> Employe  | b Employer identification number                                   |                   |                           |  |   | Wages, tips, other compensation                                    |                         |     | 2 Federal income tax withheld     |         |                |  |  |
| 93-3002832  |  |                   |                           |  |   | 211901.76  |                         |     | 37053.09                          |         |                |  |  |
| c Employer's name, address, and ZIP code  |  |                   |                           |  |   | 3 Social security wages  |                         |     | 4 Social security tax withheld    |         |                |  |  |
| Butler PLC LLC  |  |                   |                           |  |   | 154066.41  |                         |     | 11786.08                          |         |                |  |  |
| 6   | 294 Daughe   | 5 N               | 5 Medicare wages and tips |  |   |  | 6 Medicare tax withheld |     |                                   |         |                |  |  |
|   | 6294 Daugherty Squares Suite 775<br>South Lindahaven DE 96669-7379 |                   |                           |  |   | 206098.92  |                         |     |                                   | 5976.87 |                |  |  |
| S   |  |                   |                           |  |   | 7 Social security tips   |                         |     | 8 Allocated tips                  |         |                |  |  |
|   |  |                   |                           |  |   | 154066.41  |                         |     | 206098.92                         |         |                |  |  |
| d Control   | d Control number   |                   |                           |  |   | 9 Advance EIC payment  |                         |     | 10 Dependent care benefits        |         |                |  |  |
| 6   | 687342   |                   |                           |  |   |  |                         |     | 127                               |         |                |  |  |
| <b>e</b> Employe  | ee's first name and initial  | 11 N              | 11 Nonqualified plans     |  |   | 12a See instructions for box 12                                    |                         |     |                                   |         |                |  |  |
|   | _  |                   | 129                       |  |   | P 6702   |                         |     |                                   |         |                |  |  |
| J   | John Baker   |                   |                           |  |   | 13 Statutory Retirement Third-party                                |                         |     |                                   |         |                |  |  |
| 6745 William Crescent Apt. 504<br>South Grantfort ID 11337-5993   |  |                   |                           |  | emple   | employee plan sick pay  14 Other (see enclosed Notice to Employee) |                         |     |                                   |         |                |  |  |
|   |  |                   |                           |  | 14 (  |  |                         |     | 12c                               |         |                |  |  |
|   |  |                   |                           |  |   |  |                         |     | 858                               |         |                |  |  |
|   |  |                   |                           |  |   |  |                         |     | 12d                               |         |                |  |  |
|   |  |                   |                           |  |   |  |                         |     | _                                 | 200     |                |  |  |
| 1   |  |                   |                           |  |   |  |                         |     | E 389                             |         |                |  |  |
| f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax |  |                   |                           |  | tax   | 18 Local wages, tips, etc. 19                                      |                         |     | Local income tax 20 Locality name |         |                |  |  |
| HI  | 492-54   |                   | 114139.77                 | 5277.92  |   | 251525.45  |                         | 33  | 274.16                            |         | Carter Forges  |  |  |
|   | 472 J  |                   |                           | 52,,.92  |   |  |                         | -55 | _,4,10                            |         | Carter Forges  |  |  |
| СО  | 598-68   | 3-776             | 108324.52                 | 5005.06  |   | 168940.59  |                         | 22  | 872.16                            |         | Campbell Forge |  |  |

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

