REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website				
STATEMENT 517-95-1763	OMB No. 1545-00	008 FAST! Use	at www.	irs.gov/efile.		
b Employer identification number	1 \	Vages, tips, other compensation	Federal income ta	x withheld		
68-2755267		118330.66	15069.72	15069.72		
c Employer's name, address, and ZIP code	3 5	Social security wages	4 Social security tax	4 Social security tax withheld		
Rhodes LLC and Sons		131798.06	10082.55	10082.55		
707 Jennifer Divide	5 1	Medicare wages and tips	6 Medicare tax with	6 Medicare tax withheld		
		106531.13	3089	3089.4		
Vargashaven WY 44732-7400	7 \$	Social security tips	8 Allocated tips	8 Allocated tips		
		131798.06	1065	106531.13		
d Control number	9 /	Advance EIC payment	10 Dependent care b	10 Dependent care benefits		
5050216			223	223		
e Employee's first name and initial Last name		lonqualified plans	12a See instructions	12a See instructions for box 12		
		133	2451	2451		
Steven Brown	13 Statu		12b			
380 Johnson Glen Apt. 170	empl	oyee plan sick pay	D 818	D 818		
Mosleyhaven GA 69832-3974	14 (Other (see enclosed Notice to Employ	yee) 12c			
nobicynaven on obosi syri			767			
			12d			
			828			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State	ate income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
	9.43	101546.89	18496.75	Miller Tunnel		
740 33 047 00000.99 400			120270.70	milei lumei		
IA 140-50-525 57525.37 463	0.22	87037.8	20530.75	Laura Trafficway		

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	5:	L7-95-1763	OMB N	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 Employer identification number			Wages, tips, other compensation			Federal income tax withheld					
68-2755267				118330.66			15069.72				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Rhodes LLC and Sons				131798.06			10082.55				
707 Jennifer Divide				5 Medicare wages and tips 106531.13			6 Medicare tax withheld 3089.4				
Vargashaven WY 44732-7400											
			7 Social security tips			8 Allocated tips					
			131798.06			106531.13					
d Contro	ol number				9 /	Advance EIC payment		10 Depend	dent care be	enefits	
5050216			223								
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 12			for box 12					
			133			2451					
	Steven Brown			13 Statu	tory Retirement Third-party		12b				
380 Johnson Glen Apt. 170			empl	oyee plan sick pay		Д	818				
_			14 (Other (see enclosed Notice to Employ	(00)	12c	010				
Mosleyhaven GA 69832-3974			14 (other (see enclosed Notice to Employ	(66)	120	Ī				
									767		
								12d	i		
						828					
	yee's address and ZIP cod	le							•		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 I	Local income tax		20 Locality name	
IN	746-35	-047	60680.99	4869.43		101546.89	18	496.75		Miller Tunnel	
IA	140-50	-525	57525.37	4630.22		87037.8	20	530.75		Laura Trafficway	

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

