REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					
STATEMENT 369-44-3855	OMB No. 1545-	0008 FAST! Use	at www.irs.gov/efile.				
b Employer identification number	1	Wages, tips, other compensation	Federal income tax withheld				
31-5809844		240670.63	27465.58				
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax withheld				
Medina, West and Scott Inc		190741.72	14591.74				
31089 Paul Ports Apt. 525	5	Medicare wages and tips	6 Medicare tax withheld				
Hudsonbury KS 01358-2913		189846.18	5505.54				
nadsonbary No 01330 2313	7	Social security tips	8 Allocated tips				
		190741.72	189846.18				
d Control number	9	Advance EIC payment	10 Dependent care benefits				
2120176		127					
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions for box 12				
Jennifer Rowland		204	D 1153				
		atutory Retirement Third-party	12b				
217 Donna Turnpike Suite 609	em	ployee plan sick pay	P 658				
South Sara SC 42443-1860	14	Other (see enclosed Notice to Employ	ree) 12c				
500th 5a1a 5C 42445 1000			н 895				
			12d				
			E 985				
4 5 4 4 4 4 5 5 6			E 965				
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 St	ate income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name				
	24.48	298770.92	44655.0 Danny Causeway				
ND 085-54-892 111590.66 999	99.29	222963.08	31657.63 Jonathan Curve				

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.

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	3	69-44-3855	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				1 Wages, tips, other compensation			2 Federal income tax withheld						
31-5809844				240670.63			27465.58						
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld						
Medina, West and Scott Inc				190741.72			14591.74						
31089 Paul Ports Apt. 525				5 Medicare wages and tips 189846.18			6 Medicare tax withheld 5505.54						
-													
Hudsonbury KS 01358-2913				7 Social security tips			8 Allocated tips						
			190741.72			189846.18							
d Control number			9 Advance EIC payment			10 Dependent care benefits							
2120176						127							
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box			for box 12							
Jennifer Rowland			204 13 Statutory Retirement Third-party			D 1153							
217 Donna Turnpike Suite 609					employee plan sick pay Remover Plan Sick pay P			658					
South Sara SC 42443-1860			14 Other (see enclosed Notice to Employee)			12c	ı						
						Н	895						
							-	12d					
							E	E 985					
	yee's address and ZIP coo		T	T.= 2		1				T			
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income ta		20 Locality name			
KY	738-28	3-284	121444.68	8024.48		298770.92	446	655.0		Danny Causeway			
ND	085-54	1-892	111590.66	9999.29		222963.08	316	657.63		Jonathan Curve			

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

