REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT	50	08-28-2602	OMB N	o. 1545-00	08 FAST! Us	e		e	at www.ir	s.gov/efile.	
b Employer identification number				1 W	1 Wages, tips, other compensation			2 Federal income tax withheld			
51-5218305					187376.37			68510.0			
c Employer's name, addres	s, and ZIP code			3 S	3 Social security wages			4 Social security tax withheld			
Tucker-Jones LLC				149222.03			11415.49				
81783 Stone Square				5 Medicare wages and tips			6 Medicare tax withheld				
South Alanside NC 52775-4749				208252.45				6039.32			
South Alanside NC 52775-4749				7 Social security tips			8 Allocated tips				
				149222.03			208252.45				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
6126589							291				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
John Hardy				230			1114				
				13 Statutory Retirement Third-party			12b				
389 Peterson Alley Apt. 739				employee plan sick pay				473			
Cliffordhaven ND 81609-2938					14 Other (see enclosed Notice to Employee)			ı			
								E	992		
						12d					
					1			P	464		
f Employee's address and	ZIP code										
15 State Employer's sta		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	etc. 19	Local inc	ome tax		20 Locality name	
PA 252	-01-766	96508.52	3797.58		135866.85	2	8142	.23		Raymond Bypass	
NM 276	-81-346	93935.68	4053.96		152943.44	1	9157	.21		Goodwin Island	

Wage and Tax Statement 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 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
S	TATEMENT	50	08-28-2602	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 Emplo	yer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
51-5218305						187376.37			68510.0			
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Tucker-Jones LLC					149222.03			11415.49				
81783 Stone Square				5	5 Medicare wages and tips			6 Medicare tax withheld				
South Alanside NC 52775-4749					208252.45			6039.32				
					7 Social security tips			8 Allocated tips				
				149222.03			208252.45					
d Control number				9 Advance EIC payment			10 Dependent care benefits					
	6126589							291				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
John Hardy				230			1114					
				13 Statutory Retirement Third-party			12b					
389 Peterson Alley Apt. 739					emp	pyee plan sick pay			473			
Cliffordhaven ND 81609-2938				14	Other (see enclosed Notice to Employ	ree)	12c	1				
				<u> </u>			E	992				
							12d					
							_	1				
							P	P 464				
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					18 Local wages, tips, etc.	10	Local income	tav	20 Locality name			
PA			9			10 2000 magaz, apa, one		8142.23				
PA	252-01	1-/00	96508.52	3797.58		133000.83	20	142.2.)	Raymond Bypass		
NM	276-81	L-346	93935.68	4053.96		152943.44		157.2	L	Goodwin Island		

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

