F	REISSUED	a Employee's socia	l security number				Safe, Accurate,	20.0	12 H		Visit the	IRS Website
S	TATEMENT	11	.1-99-9854	OMB N	o. 1545-0	800	FAST! Use	U	~f	Ü	at www.i	rs.gov/efile.
b Employer identification number					1 Wages, tips, other compensation				Federal income tax withheld			
73-1521309						217609.55			77151.38			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Wood-Owens Ltd					219901.78			16822.49				
15102 Robinson Cove Hubbardstad OK 56050-5947					5 Medicare wages and tips				6 Medicare tax withheld			
					171891.47				4984.85			
					7 Social security tips				8 Allocated tips			
					219901.78			171891.47				
d Control number					9 Advance EIC payment				10 Dependent care benefits			
9746804									275			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					144			D 6178				
	Lori Carney				13 Statutory Retirement Third-party employee plan sick pay				12b			
99299 Brian Lakes Suite 631 Tranville KS 06355-8604					X Sick pay				332			
					14 Other (see enclosed Notice to Employee)			12c				
								786				
									12d			
										G	520	
f Emplo	ovee's address and ZIP cod	e									0_0	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Loca	al wages, tips, etc.	19 I	_ocal inco	me tax		20 Locality name
WY	222-74	-500	98976.49	5051.16		2088	812.83	34	763.	65		Thornton Lakes
PA	171-26	-274	112983.43	7279.35		230	071.46	43	417.	49		Alexis Parkway

Wage and Tax
Form W-2 Statement

5010

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 social security number This information is being furnished to the Internal Revenue Service. If you a											
S	TATEMENT	1	11-99-9854	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	b Employer identification number					Wages, tips, other compensation		2 Federal income tax withheld				
73-1521309						217609.55		77151.38				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Wood-Owens Ltd 15102 Robinson Cove Hubbardstad OK 56050-5947						219901.78	16822.49					
					5	Medicare wages and tips	6 Medicare tax withheld					
						171891.47	4984.85					
					7	Social security tips	8 Allocated tips					
						219901.78	171891.47					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
9746804								275				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Lori Carney					144			D 6178			
						itory Retirement Third-party oyee plan sick pay	12b	ı				
99299 Brian Lakes Suite 631 Tranville KS 06355-8604					x			332				
					14 (Other (see enclosed Notice to Employ	12c					
							786					
									12d			
							G 520					
f Employee's address and ZIP code						1						
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		· · · · · · · · · · · · · · · · · · ·		Local income tax		20 Locality name		
WY	222-74	1-500	98976.49	5051.16		208812.83 34		4763.65		Thornton Lakes		
PA	171-26	6-274	112983.43	7279.35		230071.46	43	417.49		Alexis Parkway		

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

