STATEMENT 379-42-7713	OMB No. 1545-00	Safe, Accurate, FAST! Use	so /file	IRS Website rs.gov/efile.			
b Employer identification number 95-3850481	1 V	/ages, tips, other compensation 55449.41	2 Federal income tax 12431.44	2 Federal income tax withheld 12431.44			
c Employer's name, address, and ZIP code	3 S	ocial security wages	4 Social security tax	4 Social security tax withheld			
Barton, Dean and Owen LLC		54285.25	4152.82	4152.82			
19981 Rocha Flat	5 N	ledicare wages and tips		6 Medicare tax withheld 1476.46			
New Kelly NE 40661-7441	7 8	ocial security tips	8 Allocated tips	= - : • • - •			
-		54285.25	· ·	50912.5			
d Control number	9 A	dvance EIC payment	10 Dependent care be	10 Dependent care benefits			
3362503			222	222			
e Employee's first name and initial Last name		onqualified plans	12a See instructions	12a See instructions for box 12			
Sean Hodge		296 ory Retirement Third-party	P 7391				
99711 Owens Groves	emplo		P 896				
Williamsburgh WI 04746-6655	14 C	ther (see enclosed Notice to Employ	/ee) 12c				
WIIIIamsburgh WI 04740 0055			G 224				
			12d				
			855				
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State in	nama tay	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
		= ' ' '		_			
UT 319-97-104 25153.0 1133	. / 3	50738.52	6954.43	Williams Ville			
sc 076-23-661 29120.06 1104.	. 94	51689.77	10603.75	Sullivan Lakes			

Wage and Tax

Form W-2 Statement

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.	79-42-7713	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				2 Federal income tax withheld				
95-3850481			55449.41					12431.44					
c Employer's name, address, and ZIP code			3 Social security wages					4 Social security tax withheld					
Barton, Dean and Owen LLC			54285.25					4152.82					
19981 Rocha Flat New Kelly NE 40661-7441			5 Medicare wages and tips					6 Medicare tax withheld					
			50912.5					1476.46					
			7 Social security tips					8 Allocated tips					
			54285.25					50912.5					
d Contro	d Control number			9 Advance EIC payment				10 Dependent care benefits					
	3362503											222	
e Emplo	e Employee's first name and initial Last name		11 Nonqualified plans				12a See instructions for box 12						
Sean Hodge 99711 Owens Groves		296					P 7391						
		13 Stat	,	etirement	Third-party		12b						
		employee plan sick pay			sick pay			P	896				
			14		closed Not	ce to Employ	/ee)	12c					
Williamsburgh WI 04746-6655		''	5 ti 101 (000 oil	0.0000	oo to Employ	,00,	0		L				
								G	224				
										12d		1	
												855	
	yee's address and ZIP co												
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local w	ages, tips,	etc.	19 L	ocal inc	come tax		20 Locality name
UT	319-97	7-104	25153.0	1133.75		50738	3.52		69	54.	43		Williams Ville
sc	076-23	3-661	29120.06	1104.94		51689	.77		10	603	. 75		Sullivan Lakes

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

