REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS We					IRS Website			
STATEMENT	8:	12-64-3453	OMB N	o. 1545-0	8000	FAST! Use		5~	file	at www.i	rs.gov/efile.	
b Employer identification n	mber		<u>.</u>	1	Wages, tips	, other comper	nsation	:	Federal income tax withheld			
68-1304489				57889.46					6311.05			
c Employer's name, address, and ZIP code				3 Social security wages				•	4 Social security tax withheld			
Klein-Mclaughlin Ltd				71694.4					5484.62			
6288 Leonard Cliffs				5 Medicare wages and tips				,	6 Medicare tax withheld			
East Jerryfort VT 42547-0956				49402.15					1432.66			
				7 Social security tips				1	8 Allocated tips			
				71694.4					49402.15			
d Control number				9 Advance EIC payment 10 Dependen				dent care be	enefits			
5084556										143		
e Employee's first name and initial Last name				11 Nonqualified plans			1:	12a See instructions for box 12				
				118				9093				
Chris Green				13 Statutory Retirement Third-party employee plan sick pay				1:	2b			
9720 Joshua Circles Suite 205				X Sink pay				н 754				
Lake Samantha KY 31912-7807				14 Other (see enclosed Notice to Employee)				e) 1:	12c			
Lake Samantha Ki Si912-7007									441			
			1:					12d				
									E	898		
									E	090		
f Employee's address and 15 State Employer's sta		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local	wages, tips, e	tc.	19 Loca	al income tax		20 Locality name	
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	-51-532	31551.49	2075.49		3,1,1,1,1		9934.24			Watson Meadows		
02.		2073.49					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			watson meadows		
NY 56'	-90-028	26799.97	2246.12	64017.27 9		9057.1			Brown Branch			

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 socia	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	83	L2-64-3453	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				1 \	Vages, tips, other compensation		2 Federal income tax withheld			
68-1304489					57889.46			6311.05			
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
Klein-Mclaughlin Ltd					71694.4			5484.62			
6288 Leonard Cliffs				5 Medicare wages and tips			6 Medicare tax withheld				
					49402.15	1432.66					
	East Jerryfort VT 42547-0956				7 3	Social security tips	8 Allocated tips				
						71694.4	49402.15				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits		
	5084556							143			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Chris Green				118			9093				
				13 Statutory Retirement Third-party			12b				
9720 Joshua Circles Suite 205				empi X	pyee plan sick pay		н	754			
	Lake Samantha KY 31912-7807				14 (Other (see enclosed Notice to Employ	ee)	12c			
									441		
								12d			
								_	l		
						1			E 898		
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.	40	Local income tax		20 Locality name		
	· ·		9			· · · · · · · · · · · · · · · · · · ·				,	
SC	025-51	L-532	31551.49	2075.49		73808.41 99		9934.24		Watson Meadows	
NY	567-90	0-028	26799.97	2246.12		64017.27		57.1	Brown Branch		

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

