REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT	38	30-72-9079	OMB N	o. 1545-00	008 FAS	T! Use	G	file	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld			
94-0681202				197916.65				71029.11			
c Employer's name, address, ar	d ZIP code			3 Social security wages				4 Social security tax withheld			
Alexander Inc LLC				238067.73				18212.18			
6174 Rodriquez Harbor				5 Medicare wages and tips				6 Medicare tax withheld			
Port Nicholas OH 71766-6844				194719.36				5646.86			
				7 Social security tips				8 Allocated tips			
				238067.73				194719.36			
d Control number				9 Advance EIC payment			1	10 Dependent care benefits			
7042093								278			
e Employee's first name and initial Last name				11 Nonqualified plans			1	12a See instructions for box 12			
Sheila Holmes				129				E 9532			
				13 Statutory Retirement Third-party employee plan sick pay				2b			
06390 Peggy Isle Apt. 483				empi	oyee plan	sick pay			774		
West Elizabeth AL 08742-0650				14 Other (see enclosed Notice to Employee)				2c			
								643			
			12d								
								D	911		
f Employee's address and ZIP of 15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wage	a tina ata	10 100	al income ta	.,	20 Locality name	
, ,,,		=							^	,	
UT 082-9	4-533	94316.42	9414.67		209929	. T Z	∠95	62.54		Kristin Ranch	
NE 690-2	4-193	105724.0	8493.24		192685	. 51	360	38.69		Robert Parks	

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	l security number		This information is being furnished to the Internal Revenue Service. If you are required					
S	TATEMENT	38	30-72-9079	OMB N	MB 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 Wages, tips, other compensation			Federal income tax withheld		
94-0681202				197916.65			71029.11			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Alexander Inc LLC				238067.73			18212.18			
6174 Rodriquez Harbor				5 Medicare wages and tips			6 Medicare tax withheld			
Port Nicholas OH 71766-6844				194719.36			5646.86			
				7 Social security tips			8 Allocated tips			
				238067.73			194719.36			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
	7042093							278		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Sheila Holmes				129			E 9532			
				13 Statutory Retirement Third-party			12b			
06390 Peggy Isle Apt. 483				emp	loyee plan sick pay			774		
West Elizabeth AL 08742-0650				14 Other (see enclosed Notice to Employee)			12c			
							643			
							12d			
							D 911			
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 1	_ocal income ta	.,	20 Locality name	
			16 State wages, tips, etc.			3.1,1,1,1				20 Locality name
UT	082-94	-533 	94316.42	9414.67		209929.12	29	562.54		Kristin Ranch
NE	690-24	-193	105724.0	8493.24		192685.51	36	038.69		Robert Parks

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

