| F | REISSUED a Employee's social security number | | | | | | Safe, Accurate, Visit the IRS Web. | | | | | | | |
|--|--|-------------------------|----------------------------|---------------------|-------------------------------------|---|------------------------------------|----|---------------------------------|-------------------------------|------------------|------------------|--|--|
| S | FATEMENT | 14 | 13-37-6981 | OMB N | o. 1545-(| 0008 I | FAST! Use | | | Ü | at www.i | rs.gov/efile. | | |
| b Employer identification number | | | | | | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | | |
| 30-8582821 | | | | | | 200934.64 | | | | 24528.84 | | | | |
| c Emplo | yer's name, address, and 2 | 3 Social security wages | | | | 4 Social security tax withheld | | | | | | | | |
| | Graham, Eat | 239146.52 | | | | 18294.71 | | | | | | | | |
| 867 Taylor Crossroad | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | | |
| Johnsonport IA 00812-2877 | | | | | | 192339.39 | | | | | 5577.84 | | | |
| | | | | | | 7 Social security tips | | | | | 8 Allocated tips | | | |
| | | 239146.52 | | | | | 192339.39 | | | | | | | |
| d Control number | | | | | | 9 Advance EIC payment | | | | 10 Dependent care benefits | | | | |
| 4169797 | | | | | | | | | | 190 | | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | | |
| | | | | | 293 | | | | P 8326 | | | | | |
| Stephen Stevenson | | | | | 13 Statutory Retirement Third-party | | | | 12b | | | | | |
| 61859 Leah Lodge Suite 076 Lake Louis MO 01261-2717 | | | | | | X plan sick pay 14 Other (see enclosed Notice to Employee) | | | | G | 719 | | | |
| | | | | | | | | | | | , , | | | |
| | | | | | | | | | | | 626 | | | |
| | | | | | | | | | | 12d | | | | |
| | | | | | | | | | | G | 529 | | | |
| f Emplo | vee's address and ZIP cod | ۵ | | | | | | | | | 0_0 | | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local v | vages, tips, etc. | 19 | Local inc | ome tax | | 20 Locality name | | |
| IL | 761-97 | -905 | 109894.82 | 10485.88 | | 19083 | 30.79 | 39 | 418 | . 33 | | Davis Stravenue | | |
| | | | | | | | | | | | | T | | |
| SD | 581-57 | -342 | 100592.34 | 13281.91 | | 16801 | L7.47 | 23 | 821 | . 83 | | Richard Neck | | |

Wage and Tax
Form W-2 Statement

5070

Cut here. Keep lower portion for your records.

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.

| REI | ISSUED | a Employee's soci | al security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | | | |
|---|---|-------------------|----------------------------|---------------------|---|--|-----------------------|----------------|-------------------------|--------------------------------|---------------------------------|-----|------------------|--|
| STA | TEMENT | 1 | 43-37-6981 | 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 Employer identification number | | | | | 1 Wages, tips, other compensation | | | | | 2 Federal income tax withheld | | | | |
| 30-8582821 | | | | | | | 200934.64 | | | | 24528.84 | | | |
| c Employer's name, address, and ZIP code | | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | | |
| Graham, Eaton and Johnson PLC | | | | | | 239146.52 | | | | 18294.71 | | | | |
| 867 Taylor Crossroad | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | | |
| Johnsonport IA 00812-2877 | | | | | | 192339.39 | | | | | 5577.84 | | | |
| | | | | | | 7 Social security tips | | | | 8 Allocated tips | | | | |
| | | | | | | 239146.52 | | | | 192339.39 | | | | |
| d Control number | | | | | | 9 Advance EIC payment | | | | | 10 Dependent care benefits | | | |
| 4169797 | | | | | | | | | | 190 | | | | |
| e Employee' | e Employee's first name and initial Last name | | | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | |
| Stephen Stevenson 61859 Leah Lodge Suite 076 Lake Louis MO 01261-2717 | | | | | | 293 | | | | | P 8326 | | | |
| | | | | | | 13 Statutory Retirement Third-party | | | | | 12b | | | |
| | | | | | | employee plan sick pay | | | | | G | 719 | | |
| | | | | | | | | North to Foods | | 40. | <u> </u> | 113 | | |
| | | | | | | 14 Other (see enclosed Notice to Employee) | | | | 12c | | I | | |
| | | | | | | | | | | | 626 | | | |
| | | | | | | | | | 12d | | ı | | | |
| | | | | | | | | | | G | 529 | | | |
| f Employee's address and ZIP code | | | | | | | | | | | | | | |
| 15 State | Employer's state ID no | umber | 16 State wages, tips, etc. | 17 State income tax | | 18 Lo | cal wages, t | ips, etc. | 19 I | Local inc | ome tax | | 20 Locality name | |
| IL | 761-97 | 7-905 | 109894.82 | 10485.88 | | 190830.79 39 | | | 39 | 9418.33 | | | Davis Stravenue | |
| SD | 581-57 | 7-342 | 100592.34 | 13281.91 | | 168 | 017.4 | 17 | 23 | 821 | . 83 | | Richard Neck | |

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

