REISSUED a Employee's social s	•		Safe, Accurate,				Visit the IRS Website					
STATEMENT 172	2-46-7966	OMB No	o. 1545-0	0008 FAST! U	se	5 711	le	at www.ii	rs.gov/ef	ile.		
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld				
52-1506451				82885.75				9802.63				
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld				
Yoder-Young LLC				64989.22				4971.68				
9121 Bianca Drive				5 Medicare wages and tips				6 Medicare tax withheld				
Daniel 170 0000			99935.19				2898.12					
Derekbury WV 64170-9292				7 Social security tips			8 Allocated tips					
				64989.22				99935.19				
d Control number				Advance EIC payment		10	Depend	dent care be	enefits			
9719085								200				
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instruction					structions f	for box 12			
Stephanie Reeves			160				E 5413					
			13 Statutory Retirement Third-party employee plan sick pay				12b					
597 Dana Fields			X	¬'	SICK Pay		G	863				
Andersonfort SD 72034-5661				14 Other (see enclosed Notice to Employee)				I				
1111de150111010 55 71051 5001							P	190				
							12d					
								127				
f Employee's address and ZIP code								12,				
	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	etc.	19 Local in	come tax	:	20 Loca	lity name		
ні 943-39-303	38241.28	3064.29		106055.4		15457	.79		Carl	Shoals		
TN 356-81-317	41373.49	3353.22	96199.2			12287	L2287.05		Baker	Divide		

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.

R	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								
ST	TATEMENT	17	72-46-7966	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 Employ	b Employer identification number				Wages, tips, other compensation				2 Federal income tax withheld				
52-1506451					82885.75				9802.63				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Yoder-Young LLC					64989.22				4971.68				
9121 Bianca Drive					5 Medicare wages and tips 99935.19				6 Medicare tax withheld 2898.12				
Derekbury WV 64170-9292													
				7 Social security tips				8 Allocated tips					
					64989.22				99935.19				
d Control number				9 Advance EIC payment				10 Dependent care benefits					
9719085								200					
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
Stephanie Reeves				160				E 5413					
				13 Statutory Retirement Third-party				12b					
597 Dana Fields				emp	oyee plan	sick pay			G	863			
						Notice to Emple	,,oo)	12c	<u> </u>	003			
Andersonfort SD 72034-5661			14 Other (see enclosed Notice to Employee)				120		ſ				
								P	190				
								12d		1			
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	yee's address and ZIP coo										•		
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages,	ips, etc.	19 L	ocal inc	ome tax		20 Loca	lity name
HI	943-39	9-303	38241.28	3064.29		106055.	1	15	457	.79		Carl	Shoals
TN	356-81	L-317	41373.49	3353.22		96199.2		12	287	. 05		Baker	Divide

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

