REI	SSUED	a Employee's socia	•				Safe, Acc	urate,			Visit the	IRS Web	site	
STAT	TEMENT	20	4-16-7516	OMB N	o. 1545-0	800	FAST! Us	e	e~fi	6	at www.i	rs.gov/efi	le.	
b Employer identification number					1 Wages, tips, other compensation				2	2 Federal income tax withheld				
13-4300838						169293.5				21273.49				
c Employer's name, address, and ZIP code					3 Social security wages				4	4 Social security tax withheld				
Martin and Sons LLC					201054.81				1	15380.69				
89018 Kristine Tunnel Allisonchester MS 28849-8281					5 Medicare wages and tips				6					
					188627.92					5470.21				
					7 Social security tips				8	8 Allocated tips				
					201054.81					188627.92				
d Control nur	mber				9 Advance EIC payment				10	10 Dependent care benefits				
63	51564									142				
e Employee's first name and initial Last name				11 Nonqualified plans				12a	12a See instructions for box 12					
Heather Pitts					278					н 7995				
					13 Statutory Retirement Third-party employee plan sick pay				12b		i			
1774 Palmer Pass						X SICK PAY				568				
North Shane UT 39938-7047					Other (see enclosed Notice to Employee)				e) 12c		i			
										629				
									12d	12d				
										P	972			
f Employee's	s address and ZIP cod	е												
15 State E	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Loca	l wages, tips,	etc.	19 Local inc	ome tax		20 Local	ity name	
AR	668-67	-912	81674.38	4787.19		1947	76.89		32929	. 0		Taylo	r Glens	
TX	747-11	-263	86943.7	5827.66		1413	881.26		20740	. 99		Kim	Inlet	

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 soci	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	20	04-16-7516	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					Vages, tips, other compensation	Federal income tax withheld					
13-4300838						169293.5	21273.49					
c Employ	c Employer's name, address, and ZIP code					Social security wages	4 Social security tax withheld					
Martin and Sons LLC 89018 Kristine Tunnel						201054.81	15380.69					
					5 1	Medicare wages and tips	6 Medicare tax withheld 5470.21					
						188627.92						
4	Allisonchester MS 28849-8281					Social security tips	8 Allocated tips					
						201054.81	188627.92					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	6351564								142			
e Employ	e Employee's first name and initial Last name					lonqualified plans	12a See instructions for box 12					
Heather Pitts					13 Statu	278	н 7995					
	11000					tory Retirement Third-party pyee <u>plan</u> <u>sick pay</u>	^{12b} 568					
1774 Palmer Pass North Shane UT 39938-7047					X							
					14 (Other (see enclosed Notice to Employ	12c					
							629					
									12d			
							P	972				
f Employee's address and ZIP code						T	1			T		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		1.0		Local income tax		20 Locality name		
AR	668-67	7-912	81674.38	4787.19		194776.89	32	929.0		Taylor Glens		
TX	747-11	L-263	86943.7	5827.66		141381.26	20	740.99		Kim Inlet		

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

