REISSUED a Employee's social security number					Safe,	Accurate,	e O ,	A CHIO	Visit the	IRS We	bsite			
S	TATEMENT	49	99-03-3699	OM	B No. 1545-0	DOB FAST	! Use	<u>G</u>	file	at www.	irs.gov/e	ile.		
b Employer identification number						1 Wages, tips, other compensation			2 Federal income tax withheld					
10-1367882						232714.8			82590.56					
c Emplo	yer's name, address, and 2	ZIP code			3 5	3 Social security wages			4 Social security tax withheld					
Kane Inc Ltd						260992.59				19965.93				
443 Davis Ports Suite 323					5 1	5 Medicare wages and tips			6 Medicare tax withheld					
Bellton MI 60757-9824						205460.16				5958.34				
					7	7 Social security tips				8 Allocated tips				
						260992.59				205460.16				
d Control number					9 /	9 Advance EIC payment			10 Dependent care benefits					
277425										240				
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12					
Krista Owens						261				E 7953				
					13 Statu	13 Statutory Retirement Third-party								
6769 Griffith Village Suite 306						oyee plan	sick pay			250				
Mitchellton NV 56276-8653						Other (see enclosed	d Notice to Employ	ee) '	12c	1				
MICCHEILCON NV 30270 0033										367				
										12d				
									H	523				
f Emplo	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income t	tax	18 Local wages,	tips, etc.	19 Loc	cal income	tax	20 Loca	ality name		
NJ	633-34		120494.31	12843.22		241148.	• •		66.7			Orchard		
						 					+33			
NV	694-13	-807	125298.89	11214.3		259433.47		238	23823.99		Fox	Ranch		
Wage and Tax						Department of the TreasuryInternal Revenue Service								
Statement CUL					ل را		- [,				

Wage and Tax **Statement**

Form W-2 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.

RE	ISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
STA	ATEMENT	49	99-03-3699	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 withhe					withheld		
10-1367882						232714.8		82590.56				
c Employer's name, address, and ZIP code						Social security wages		4 Social security tax withheld				
Kane Inc Ltd						260992.59		19965.93				
443 Davis Ports Suite 323					5	Medicare wages and tips	6 Medicare tax withheld					
					205460.16		5958.34					
В	Bellton MI 60757-9824				7	Social security tips		8 Allocated tips				
					260992.59			205460.16				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
277425									240			
e Employee's first name and initial Last name					11	Nonqualified plans	12a See instructions for box 12					
					261			E 7953				
K	Krista Owens					13 Statutory Retirement Third-party			12b			
6769 Griffith Village Suite 306 Mitchellton NV 56276-8653					employee plan sick pay X 14 Other (see enclosed Notice to Employee)			250				
								12c				
									367			
						ŀ	12d	50,				
								н 523				
f Employe	e's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10.1	ocal income tax		20 Local	it nome	
						10 =000 mag 000, mp 0, 000					*	
NJ	633-34	-26T	120494.31	12843.22		241148.91		23466.76		John (Orchard	
NV	694-13	-807	125298.89	11214.3		259433.47	23	823.99		Fox	Ranch	

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

