REISSUED	a Employee's socia	al security number				Safe, Accurate,	Re 🖸	A SHIP	Visit the	IRS Website	
STATEMENT	27	71-82-2031	OMB N	o. 1545-0	800	FAST! Use		≁file >	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld			
57-0814297					6577	0.87		20920.45			
c Employer's name, address, and	ZIP code			3 Social security wages				4 Social security tax withheld			
Kennedy-Reed LLC				73695.95				5637.74			
213 Justin Light Suite 272				5 Medicare wages and tips				6 Medicare tax withheld			
Matthewbury MT 71867-9449				64104 . 65 7 Social security tips				1859.03  8 Allocated tips			
114001101124111				73695.95			64104.65				
d Control number				9 Advance EIC payment				10 Dependent care benefits			
5240295							184				
e Employee's first name and initial	Last name	Э		11 1	Nonqualified	plans		12a See in	structions	for box 12	
Cocces Horse				233				D 5621			
Casey Howe 81288 Tyler Ranch Port Angela DE 45247-2909				13 Statutory Retirement Third-party employee plan sick pay				12b	ı		
				x			P 113				
				14 Other (see enclosed Notice to Employee)				12c			
							573				
								12d	1		
								Н	564		
f Employee's address and ZIP co											
15 State Employer's state ID n		16 State wages, tips, etc.	17 State income tax		3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Local income tax		20 Locality name	
PA 524-5	7-441	33464.59	3200.61		76120.43 8		86	8610.35		Reid Plaza	
OR 666-83	L-311	32893.93	2940.13	60699.26 9		94	75.08	Kenneth Walks			

Wage and Tax Statement 5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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.

STATEMENT 271-82-2031 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 57-0814297 65770.87 20920.45  c Employers name, address, and ZIP code  Kennedy-Reed LLC 213 Justin Light Suite 272 Matthewbury MT 71867-9449 5 Medicare wages and tips 6 Medicare tax withheld  6 Medicare tax withheld 6 Medicare tax withheld 7 3695.95 5637.74  5 Medicare wages and tips 6 Medicare tax withheld 6 Medicare tax withheld 6 Medicare tax withheld 7 Social security tops 8 Allocated tips 7 Social security tops 8 Allocated tips 7 Medicare tax withheld 7 Social security tops 8 Allocated tips 7 Social security tops 18 Medicare tax withheld 7 Social security tops 18 Allocated tips 7 Social security tops 18 Allocated tips 7 Social security tops 18 Medicare tax withheld 8 Social security tops 18 Allocated tips 18 Medicare tops 18 Medicare tops 18 Medicare tops 18 Medicare to talk tips 18 Medicare tax withheld 19 Dependent care benefits 18 Medicare tops 18 Medicare tops 18 Medicare tax withheld 19 M	F	REISSUED	a Employee's socia	I security number		This information is being furnished to the Internal Revenue Service. If you are required						
ST-0814297   65770.87   20920.45			27	71-82-2031	OMB N							
C   Employee's name, address, and ZIP code   S   Social security wages   A   Social security tax withheld   T   State   Employee's address and ZIP code   S   Social security wages   A   Social security tax withheld   T   State   Employee's address and ZIP code   T   State   Employee's state ID number   T   State   Employee; state ID number   T   State   Employee; state ID number   T   State   T	<b>b</b> Emplo	yer identification number	•		•					I income tax	withheld	
Rennedy-Reed LLC   73695.95   5637.74		57-0814297				65770.87			20920.45			
213 Justin Light Suite 272	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Matthewbury   MT   71867-9449   64104.65   1859.03	Kennedy-Reed LLC				73695.95			5637.74				
Matthewbury   MT   71867-9449   64104.65   1859.03	_				5 Medicare wages and tips			6 Medicare tax withheld				
Table   Tabl						64104.65						
d Control number 5240295 e Employee's first name and initial  Casey Howe 81288 Tyler Ranch Port Angela DE 45247-2909  f Employee's address and ZIP code  16 State Employee's state ID number  10 Dependent care benefits 184  233 D 5621  13 Statutory Retirement Third-party employee plan Sick pay P 113  14 Other (see enclosed Notice to Employee)  573  12d H 564					7 Social security tips			8 Allocated tips				
184     Employee's first name and initial   Last name					73695.95			64104.65				
Employee's first name and initial	d Control number				9 Advance EIC payment			10 Dependent care benefits				
Casey Howe   81288 Tyler Ranch   Port Angela   DE   45247-2909     13 Statutory   Retirement   Third-party   plan   Sick pay   plan   X   P   113     120	5240295				ļ			184				
Casey Howe   13 Statutory   Retirement   Third-party   12b	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
81288 Tyler Ranch Port Angela DE 45247-2909    The control of the	81288 Tyler Ranch			233			D 5621					
81288 Tyler Ranch Port Angela DE 45247-2909    The imployee's address and ZIP code   To State   Employer's state   D number   To State   Employer's state   D number   To State   Employer's state   D number   To State   T					1			12b				
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573   12d   H   564					14 Other (see enclosed Notice to Employee)			12c				
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	PA	524-57	-441	33464.59	3200.61	76120.43		86	3610.35		Reid Plaza	
OR 666-81-311 32893.93 2940.13 60699.26 9475.08 Kenneth Wall	OR	666-81	-311	32893.93	2940.13		60699.26	94	75.08		Kenneth Walks	

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

