REISSUED a Employee's so	ocial security number			Safe, Acc	urate,	0 46	H	Visit the	IRS Website		
STATEMENT	039-93-3879	OMB N	lo. 1545-000	8 FAST! Us	se	G~I	ile	at www.i	rs.gov/efile.		
<b>b</b> Employer identification number			1 W	ages, tips, other comp	ensation	2	Federa	I income tax	c withheld		
06-6120087				171492.94				56416.57			
c Employer's name, address, and ZIP code			3 Social security wages			4	4 Social security tax withheld				
Khan-Burns Ltd			203223.64				15546.61				
3880 Ferguson Point Apt. 046 Port Jeremybury HI 23235-7227			5 Medicare wages and tips				6 Medicare tax withheld				
			146114.81				4237.33				
Fort beremybury HI 23235-7227			7 Social security tips			8	8 Allocated tips				
				203223.64			146114.81				
d Control number			9 Advance EIC payment			10	10 Dependent care benefits				
9309822								257			
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12				
Rachel Marshall			156				7791				
			13 Statutory Retirement Third-party employee plan sick pay			12b	12b				
323 Michelle Walks Apt. 379			employ	ee pian	X		G	159			
Lake Rebeccaborough ND 08272-49			14 Other (see enclosed Notice to Employee)				12c				
								585			
						12d	12d				
							G	524			
f Employee's address and ZIP code								1			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local ii	ncome ta	(	20 Locality name		
AR 633-29-260	80812.53	4011.26		153015.79		22166	5.5		Cameron Cove		
ME 150-17-148	86907.34	4428.25		209397.82		21814	1.94		Deanna Villages		

Wage and Tax

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	0	39-93-3879	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 \	,				2 Federal income tax withheld			
06-6120087						171492.94			56416.57			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Khan-Burns Ltd				203223.64				15546.61				
3880 Ferguson Point Apt. 046			5 Medicare wages and tips				6 Medicare tax withheld					
Port Jeremybury HI 23235-7227				146114.81				4237.33				
				7 Social security tips				8 Allocated tips				
					203223.64				146114.81			
d Control number				9 Advance EIC payment				10 Dependent care benefits				
9309822										257		
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12					
Rachel Marshall			156 13 Statutory Retirement Third-party				7791					
323 Michelle Walks Apt. 379				oyee plan	sick pay		G	159				
Lake Rebeccaborough ND 08272-49			14 (	Other (see enclosed No	tice to Employ	yee)	12c	ı				
							585					
								12d				
								G	524			
f Employee's address and ZIP code								1				
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	, etc.	19 Lo	ocal income ta	X	20 Locality name	
AR	633-29	9-260	80812.53	4011.26		153015.79	)	22:	166.5		Cameron Cove	
ME	150-17	7-148	86907.34	4428.25		209397.82	!	218	814.94		Deanna Villages	

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

