REISSUED a Employee's social	l security number		Safe, Accurate, Visit the IRS Website					RS Website			
STATEMENT 46	9-22-2004	OMB N	o. 1545-00	DOS FAST! U	se 🐃	G ~711	e į	at www.irs	s.gov/efile.		
b Employer identification number		•	1 \	1 Wages, tips, other compensation				2 Federal income tax withheld			
42-8185339			112362.76				32871.84				
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld				
Turner PLC Inc			129200.45				9883.83				
025 Dixon Landing Apt. 024 Bethburgh IN 37480-7157			5 Medicare wages and tips				6 Medicare tax withheld				
			89324.26				2590.4				
becibulgi in 37400-7137				7 Social security tips				8 Allocated tips			
	129200.45				89324.26						
d Control number			9 Advance EIC payment			10	10 Dependent care benefits				
8368408							280				
e Employee's first name and initial Last name			11 1	Nonqualified plans		12a	See inst	ructions fo	or box 12		
Jeffrey Jenkins			182				4597				
			13 Statutory Retirement Third-party			12b	12b				
663 Williams Crossing Suite 596			employee plan sick pay				G 451				
Smithfurt LA 49179-2541			14 Other (see enclosed Notice to Employee)			ee) 12c					
								742			
							12d				
							G	572			
f Employee's address and ZIP code							<u>.</u>	312			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips	etc.	19 Local inc	ome tax	1	20 Locality name		
KS 022-95-668	57244.99	5104.0		85510.29		12605	Rodriguez Spi		Rodriguez Spring		
AR 017-23-351	59444.47	4592.83		80403.08		11550	.04		Robert Light		

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	-		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						
S	TATEMENT	4	59-22-2004	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Emplo	b Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld			
42-8185339				112362.76			32871.84				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Turner PLC Inc					129200.45			9883.83			
025 Dixon Landing Apt. 024				5 Medicare wages and tips			6 Medicare tax withheld				
Bethburgh IN 37480-7157			89324.26			2590.4					
			7 Social security tips			8 Allocated tips					
				129200.45			89324.26				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
8368408							280				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Jeffrey Jenkins 663 Williams Crossing Suite 596 Smithfurt LA 49179-2541			182			4597					
			13 Stat			12b					
			employee plan sick pay X 14 Other (see enclosed Notice to Employee)			G 451					
										<u> </u>	
						742					
									12d	I	
						G	G 572				
				yee's address and ZIP co	de						
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	Local income tax	:	20 Locality name	
KS	022-9	5-668	57244.99	5104.0		85510.29	12	605.13		Rodriguez Spring	
AR	017-23	3-351	59444.47	4592.83		80403.08	11	550.04		Robert Light	

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

