REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website								
STATEMENT 428-64-8266	OMB No. 1545-0008 FAST! Use at www.irs.gov/efile.								
<b>b</b> Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld								
27-6438891	176960.3 51270.15								
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld								
Perkins LLC LLC	139746.61 10690.62								
7818 Hall Crest Apt. 843	5 Medicare wages and tips 6 Medicare tax withheld								
Samanthamouth WA 62445-8393	187976.98 5451.33								
Samanthamouth WA 62445-6595	7 Social security tips 8 Allocated tips								
	139746.61 187976.98								
d Control number	9 Advance EIC payment 10 Dependent care benefits								
1591729	275								
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12								
To all to a	162 D 8044								
Amy Jenkins	13 Statutory Retirement Third-party 12b								
3979 Brooke Rapids Suite 454	mployee plan sick pay  E 123								
Douglaschester AL 34603-2726	14 Other (see enclosed Notice to Employee) 12c								
Dougrasones cer im 54005 2720	G 125								
	12d								
	0 202								
	G  383								
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State	income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name								
ND 651-46-459 82263.35 6744									
ID 250-78-341 93341.78 4730	.19 166006.44 34173.26 Elizabeth Ford								

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.

REISSUED	a Employee's so	cial security number		This information is being furnished to the Internal Revenue Service. If you are required									
STATEMENT	4	28-64-8266	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>b</b> Employer identification number	r			1 Wages, tips, other compensation					2 Federal income tax withheld				
27-6438891			176960.3					51270.15					
c Employer's name, address, and ZIP code			3 Social security wages					4 Social security tax withheld					
Perkins LLC LLC			139746.61					10690.62					
7818 Hall Crest Apt. 843				5 Medicare wages and tips					6 Medicare tax withheld				
Samanthamouth WA 62445-8393			187976.98					5451.33					
			7 Social security tips					8 Allocated tips					
				139746.61					187976.98				
d Control number	d Control number			9 Advance EIC payment					10 Dependent care benefits				
1591729										275			
e Employee's first name and initial Last name			11 Nonqualified plans					12a See instructions for box 12					
Amy Jenkins 3979 Brooke Rapids Suite 454 Douglaschester AL 34603-2726			162					D 8044					
			13 Statutory Retirement Third-party employee plan sick pay					12b		Ì			
			X						E	123			
			14 Other (see enclosed Notice to Employee)				ree)	12c					
								G	125				
						-	12d						
								G	383				
f Employee's address and ZIP	ode												
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19			19 Lo	Local income tax			20 Locality name	
ND 651-4	6-459	82263.35	6744.45	. 45		148307.69 2			20885.46			Parsons Forge	
ID 250-7	8-341	93341.78	4730.19		166006.44 34			341	4173.26			Elizabeth Ford	

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

