REISSUED a Employee's social security num	ber		Safe, Accurate,	(RS C)		Visit the IRS Website			
STATEMENT 259-94-2	403	OMB No. 1545-00	08 FAST! Use		Tile)	at www.irs.gov/efile.			
b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld			
38-8430310			65815.78			20832.63			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Kim Ltd Ltd			85310.08			6526.22			
7565 Karen Crossroad			5 Medicare wages and tips			6 Medicare tax withheld			
North Amandaport KY 37580-4490			62691.06			1818.04			
North Amandaport KY 37580-4490			7 Social security tips			8 Allocated tips			
			85310.08			62691.06			
d Control number			9 Advance EIC payment			10 Dependent care benefits			
7560929						138			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
			265			E 9441			
Scott Hanson			13 Statutory Retirement Third-party employee plan sick pay						
5208 Baker Mount			X X			н 765			
Danaton NC 56805-1663			14 Other (see enclosed Notice to Employee)						
						180			
						12d			
						400			
					P	409			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State was	ies, tips, etc. 17 State in	sama tay	18 Local wages, tips, etc.	10.10	cal income tax	20 Locality name			
	, , . ,		3, , , , , , , ,						
VA 138-76-538 35269.	91 2599.	U4	56567.12		94.87	Sabrina Trail			
UT 388-11-379 34668.	39 2697.	05	56207.01 94		88.48	Terry Oval			

Wage and Tax

Form W-2 Statement

5010

Department of the Treasury--Internal Revenue Service

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 STATEMENT	a Employee's soc	ial security number 59-94-2403	ОМВ	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 this income is taxable and you fail to report it.						
b Employer identification number			Wages, tips, other compensation			2 Federal income tax withheld				
38-8430310				65815.78			20832.63			
c Employer's name, address, and ZIP code			3 3	3 Social security wages			4 Social security tax withheld			
Kim Ltd Ltd					85310.08			6526.22		
7565 Karen Crossroad			5 1	5 Medicare wages and tips			6 Medicare tax withheld			
North Amandaport KY 37580-4490				62691.06			1818.04			
			7 Social security tips			8 Allocated tips				
			85310.08			62691.06				
d Control number			9 /	9 Advance EIC payment			10 Dependent care benefits			
7560929			138							
e Employee's first name and initial Last name			11 1	11 Nonqualified plans 12a See instructions			tructions	for box 12		
Scott Hanson			265			E 9441				
			13 Statu			12b	ı			
5208 Baker Mount			employee plan sick pay			H	н 765			
Danaton NC 56805-1663			14 Other (see enclosed Notice to Employee)			12c	i			
							180			
							12d	1		
							P	P 409		
f Employee's address and ZIP of					T	[
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax				20 Locality name			
VA 138-7	6-538	35269.91	2599.04	4 56567.12 6994.87			Sabrina Trail			
UT 388-1	1-379	34668.39	2697.05	05 56207.01 9438.48 To		Terry Oval				

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

