| F | REISSUED | a Employee's socia | • | | | Safe | e, Accurate, | 20.0 | J.€H | | Visit the | IRS Webs | ite | |
|--|--------------------------------|--------------------|----------------------------|---------------------|--|-----------------------------------|----------------|------|---------------------------------|--------------------------------|-----------|--------------|------------|--|
| S | FATEMENT | 63 | 35-20-1790 | OMB N | lo. 1545-0 | 0008 FAS | T! Use | G | 7 111 | e | at www.i | rs.gov/efile |) . | |
| b Employer identification number | | | | | 1 | 1 Wages, tips, other compensation | | | Federal income tax withheld | | | | | |
| 22-3222338 | | | | | | 106990.5 | | | 21391.07 | | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 | 3 Social security wages | | | | 4 Social security tax withheld | | | | |
| Bowen Group Inc | | | | | | 124610.55 | | | | 9532.71 | | | | |
| 0115 Alvarado Glen Apt. 259 East Lauren UT 53709-3541 | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | | |
| | | | | | 129629.77 | | | | 3759.26 | | | | | |
| East Lauren UT 53709-3541 | | | | | 7 Social security tips | | | | 8 Allocated tips | | | | | |
| | | | | | | 124610.55 | | | | 129629.77 | | | | |
| d Control number | | | | | 9 | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | |
| | 143766 | | | | | | | | 168 | | | | | |
| e Employee's first name and initial Last name | | | | | 11 | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | |
| | T | | | | | 114 | | | н 6509 | | | | | |
| | Larry Barnes | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 12b | 1 | | | | |
| | 95223 Patricia Rapids Apt. 637 | | | | | X X | | | | | 284 | | | |
| North Morgan UT 76910-9305 | | | | | 14 Other (see enclosed Notice to Employee) | | | | 12c | | | | | |
| | | | | | | | | | | E | 863 | | | |
| | | | | | | | | | 12d | | | | | |
| | | | | | | | | | | E | 328 | | | |
| f Emplo | vee's address and ZIP cod | е | | | | | | ŀ | | | | | | |
| 15 State | Employer's state ID nu | mber | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wage | es, tips, etc. | 19 L | _ocal inco | ome tax | | 20 Locality | / name | |
| MT | 177-07 | -812 | 51138.38 | 2557.08 | | 121726.23 2 | | 20 | 0712.59 | | | Andrew | Station | |
| NC | 012-26 | -476 | 55852.94 | 2710.48 | | 134530 | .35 | 16 | 041. | 86 | | King | Cape | |

Wage and Tax

5070 **Statement** Form W-2

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 | REISSIED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are requ | | | | | | | | | | |
|--|---|----------------------------|---------------------|---|---|---------------------------------|-----------------|---------------------------------|------------------|--|--|
| STATEMENT | 63 | 35-20-1790 | 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 | • · · · · · · · · · · · · · · · · · · · | | | | | Wages, tips, other compensation | | | | | |
| 22-3222338 | | | | | 106990.5 | | | 21391.07 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Bowen Group Inc | | | | | 124610.55 | | | 9532.71 | | | |
| 0115 Alvarado Glen Apt. 259 East Lauren UT 53709-3541 | | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | |
| | | | | | 129629.77 | 3759.26 | | | | | |
| | | | | | 7 Social security tips | | | 8 Allocated tips | | | |
| | | | | | 124610.55 | 129629.77 | | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 143766 | | | | | | | | 168 | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| Larry Barnes 95223 Patricia Rapids Apt. 637 North Morgan UT 76910-9305 | | | | | 114 | | | н 6509 | | | |
| | | | | | ory Retirement Third-party | | 12b | | | | |
| | | | | | employee plan sick pay X 14 Other (see enclosed Notice to Employee) | | | 284 | | | |
| | | | | | | | | 12c | | | |
| | | | | | | | | 863 | | | |
| | | | | | | | | 12d | | | |
| | | | | | | | | 200 | | | |
| | | | | E 328 | | | | | | | |
| f Employee's address and ZIP code | | | | | 40 1 | 40.1 | _ocal income ta | | | | |
| 15 State Employer's state ID n | | 16 State wages, tips, etc. | 17 State income tax | | 3, , , ., ., | | | x | 20 Locality name | | |
| MT 177-0 | 7-812 | 51138.38 | 2557.08 | 121726.23 | | 20 | 20712.59 | | Andrew Station | | |
| NC 012-2 | 6-476 | 55852.94 | 2710.48 | | 134530.35 | 16 | 041.86 | | King Cape | | |

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

