REISSUED	a Employee's soci	al security number		Safe, Accurate, Visit the IRS Websi								
STATEMENT	28	35-24-1548	OMB	No. 1545-0	008 FAS	T! Use	U	≁file_	at www.i	irs.gov/efile.		
b Employer identification number	r			1 \	Wages, tips, other	compensation		2 Federal income tax withheld				
22-1469161					206230	. 69		30520.72				
c Employer's name, address, a	3 3	Social security wa	ges		4 Social security tax withheld							
Mann-Cox I		236988	.43		18129.61							
8426 Russe	5 1	Medicare wages a	•		6 Medicare tax withheld							
South Michaelfort MO 89454-1607					232754			6749.89				
					7 Social security tips				8 Allocated tips			
		236988.43				232754.78						
d Control number					9 Advance EIC payment 10 Depe				ndent care benefits			
1432988						267						
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
Susan Bailey					243				D 4095			
					itory Retiren	nent Third-party sick pay	'	12b				
89874 Jonathan Mount					J pan	SICK Pay			117			
South Cyr	14 (Other (see enclose	ed Notice to Employ	yee)	12c							
South Cynthiabury MS 18785-5463									760			
									12d			
								G	910			
f Employee's address and ZIP	ode						ŀ		710			
15 State Employer's state ID		16 State wages, tips, etc.	17 State income ta:	x	18 Local wages	s, tips, etc.	19 L	ocal income ta	X	20 Locality name		
TN 212-4	7-084	102731.12	5097.35		231975.24 2		21	207.57		Tina Motorway		
FL 522-0	9-946	109626.47	5332.61		164564.83 2		27	678.7	Newton Lock			

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 soci	al security number			This information is being furnished to the Internal Revenue Service. If you are required									
STATEMENT	28	85-24-154	48	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					2 Federal income tax withheld				
22-1469161						206230.69					30520.72			
c Employer's name, address, and ZIP code						3 Social security wages					4 Social security tax withheld			
Mann-Cox LLC						236988.43				18129.61				
8426 Russell Ford Suite 819						5 Medicare wages and tips				6 Medicare tax withheld				
South Michaelfort MO 89454-1607					232754.78					6749.89				
					7 Social security tips					8 Allocated tips				
						236988.43				232754.78				
d Control number						9 Advance EIC payment				10 Dependent care benefits				
1432988												267		
e Employee's first name and initial Last name					11 Nonqualified plans					12a See instructions for box 12				
					243				D 4095					
Susan Bailey						. ,	Retirement	Third-party		12b				
89874 Jonathan Mount					X		plan	sick pay				117		
South Cynthiabury MS 18785-5463					14 Other (see enclosed Notice to Employee)				ree)	12c				
									E	760				
								F	12d					
									G	910				
									F	9 310				
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			19 L	9 Local income tax 20 Locality name					
1 ' '	17-084	102731.	., .,	5097.35		9 ' ' '			21207.57			Tina Motorway		
	., 004	102,31.	<u></u>			2319	, , , , , ,						IIIa Motorway	
FL 522-	9-946	109626.	47	5332.61		1645	64.83		27	678	. 7		Newton Lock	

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

