R	EISSUED	a Employee's socia	I security number			Sa	fe, Accurate,	200	file	Visit the	IRS Website		
ST	ATEMENT	62	25-51-6146	OMB N	o. 1545-00	008 <b>F</b> A	ST! Use	<b>G</b>	IIIE	at www.i	rs.gov/efile.		
b Employer identification number						1 Wages, tips, other compensation			2 Federal income tax withheld				
04-3585886					87485.28				21035.53				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Owen Ltd Inc					68653.27				5251.98				
09617 Joseph Springs					5 Medicare wages and tips				6 Medicare tax withheld				
					101957.13				2956.76				
East Cynthia MD 85738-7586					7 Social security tips			1	8 Allocated tips				
						68653.27				101957.13			
d Control number						9 Advance EIC payment			10 Dependent care benefits				
2	2162423								102				
e Employ	ee's first name and initial	Last name			11 Nonqualified plans			1:	12a See instructions for box 12				
_	_				105				3771				
Danny Jones 6370 Eileen Village North Casey MS 33392-6068					13 Statutory Retirement Third-party sick pay  X Other (see enclosed Notice to Employee)				2b	1			
									G	695			
									2c	1			
									н	362			
									12d				
									H	773			
	ee's address and ZIP cod	е								•			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wa	ges, tips, etc.	19 Loca	al income ta	x	20 Locality name		
ID	126-74	-653	41467.21	3304.36		85437	. 97	1662	23.14		Daniels Points		
HI	251-95	-429	44664.46	3642.39		10353	5.42	1264	41.17		Cook Stream		

Wage and Tax
Form W-2 Statement

5070

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 a Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT 625-51-6146	OMB No	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	•	1 Wages, tips, other compensation			2 Federal income tax withheld				
04-3585886			87485.28		21035.53				
c Employer's name, address, and ZIP code		3 Social security wages			4 Social security tax withheld				
Owen Ltd Inc		68653.27			5251.98				
09617 Joseph Springs		5 N	edicare wages and tips	6	6 Medicare tax withheld				
			101957.13		2956.76				
East Cynthia MD 85738-7586		7 S	ocial security tips	8	8 Allocated tips				
		68653.27			101957.13				
d Control number		9 Advance EIC payment			10 Dependent care benefits				
2162423						102			
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12				
		105			3771				
Danny Jones		13 Statutory Retirement Third-party			2b				
6370 Eileen Village		employee plan sick pay				695			
North Casey MS 33392-6068	0	14 Other (see enclosed Notice to Employee)			2c				
North Casey Ms 55592-6066	0					362			
						H 362			
					H	773			
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.	10 1 000	l income ta	,	20 Locality name		
			= ' ' '			^	,		
ID 126-74-653 41467.21	3304.36		85437.97	1002	23.14		Daniels Points		
HI 251-95-429 44664.46	3642.39		103536.42	1264	1.17		Cook Stream		

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

