R	REISSUED a Employee's social security number					Safe, Accurate,				e~f	Visit the IRS Website			
ST	<b>TATEMENT</b>	16	55-09-410	8	OMB N	o. 1545-	-0008	FAST! Us	e	5~ IL	16	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number						1	1 Wages, tips, other compensation				2 Federal income tax withheld			
13-4522987						214379.77				6	60906.41			
c Employer's name, address, and ZIP code						3 Social security wages				4	4 Social security tax withheld			
Clark-White LLC						262886.09				2	20110.79			
09895 Kari Villages						5 Medicare wages and tips				6				
						157830.86					4577.09			
	Peterfurt GA 81263-0743						7 Social security tips				8 Allocated tips			
						262886.09				157830.86				
d Control number						9 Advance EIC payment			10	10 Dependent care benefits				
848490										114				
e Employee's first name and initial Last name						11 Nonqualified plans			12a	12a See instructions for box 12				
						255				G 3180				
	Nicole Moyer						13 Statutory Retirement Third-party							
85561 Rivers Throughway						employee plan sick pay					733			
West Jessicaview OR 74388-5244							14 Other (see enclosed Notice to Employee)					Ī		
											804			
										12d	12d			
											E	925		
f Employ 15 State	yee's address and ZIP cod Employer's state ID nu		AC Ctataaaaa ti	147	State income tax		140.15			19 Local in			20 Locality name	
			16 State wages, tip					cal wages, tips,						
MD	264-81	305	114190.9	1 /(	004.21		234	312.12		23741	٠٥		Donald Plair	
KY	076-92	-717	101813.2	7 7	738.12		208	519.4	:	22434	.72		West Canyor	

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	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	<b>STATEMENT</b> 165-09-4108 OMB N					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	1	,			2 Federal income tax withheld							
13-4522987	1		214379.77			60906.41						
c Employer's name, address, a	nd ZIP code	3	3 Social security wages			4 Social security tax withheld						
Clark-Whit	e LLC		262886.09			20110.79						
09895 Kar	Villages	5	Medicare wages and tipe		6 N	• modicaro tax marriora						
		157830.86			4577.09							
Peterfurt	7	Social security tips		8 A	8 Allocated tips							
		262886.09			157830.86							
d Control number	9	9 Advance EIC payment			10 Dependent care benefits							
848490					114							
e Employee's first name and ini	e Employee's first name and initial Last name						12a S	12a See instructions for box 12				
		255			G 3180							
Nicole		13 Statutory Retirement Third-party			12b							
85561 Riv	emp	plan X	x sick pay		733							
West Jess	14	14 Other (see enclosed Notice to Employee)			12c							
west bes					804							
							12d					
								_				
								E 925				
f Employee's address and ZIP  15 State Employer's state ID		16 State wages, tips, etc.	17 State incom	no tov	18 Local wages, tips,	oto 1	9 Local inco	me toy	20 Locality name			
		=										
MD 264-8	31-305	114190.91	7004.2	Τ	234312.12	2	23741.	8	Donald Plain			
KY 076-9	2-717	101813.27	7738.1	2	208519.4	2	22434.	72	West Canyon			

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

