REISSUED STATEMENT	a Employee's social security number 490-58-4747	OMB N	o. 1545-0008	Safe, Acc FAST! U	4 Tik	e ≁fil		it the IRS Website vww.irs.gov/efile.		
b Employer identification number 52-4544617				1 Wages, tips, other compensation 184289.35				2 Federal income tax withheld 53086.26		
c Employer's name, address, and ZIP code Clark and Sons Ltd 427 Susan Loop Suite 576				3 Social security wages				4 Social security tax withheld 12231.46 6 Medicare tax withheld		
Kennethberg AK 95465-8221			196108.27 7 Social security tips 159888.41			8	5687.14 8 Allocated tips 196108.27			
d Control number 4190119			9 Advance EIC payment				252			
Joel Pham 0315 Christopher Crescent Apt. 869 Jillhaven SD 88487-8986			13 8 13 Statutory Retirement Third-party sick pay X X X X 14 Other (see enclosed Notice to Employee)			12b	936 H 342			
f Employee's address and ZIP 15 State Employer's state ID	number 16 State wages, tips, etc.	17 State income tax		Local wages, tips		19 Local inco	ome tax	20 Locality name		
	33-706 90286.88 40-495 91267.54	6143.53 7243.32		37087.89 56865.2		36348. 21210.		Jaclyn Roads Brown Throughway		
	and Tax									

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.

VT 768-40-495 91267	.54 7243.	32	156865.2		21210	.06		Brown Throughway	
								† -	
GA 297-33-706 90286	297-33-706 90286.88 6143.53		237087.89 30			.17		Jaclyn Roads	
15 State Employer's state ID number 16 State was	ges, tips, etc. 17 State in	come tax	18 Local wages, tips	, etc.	19 Local in	come ta	х	20 Locality name	
f Employee's address and ZIP code							142		
					120				
					12d	H	342		
Jillhaven SD 88487-		(555 511010004 140	acc to Employ	120		240			
-	_		ther (see enclosed No		ee) 12c		1230		
0315 Christopher Crescer	nt. Apt. 869	emplo	yee plan	sick pay			936		
Joel Pham			13 Statutory Retirement Third-party						
		138			D 6118				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
4190119					252				
d Control number	9 A				196106.27				
	, ,	159888.41			196108.27				
427 Susan Loop Suite 576 Kennethberg AK 95465-8221			196108.27 7 Social security tips				5687.14 8 Allocated tips		
			5 Medicare wages and tips			6 Medicare tax withheld			
Clark and Sons Ltd		159888.41			12231.46				
c Employer's name, address, and ZIP code	3 S	3 Social security wages			4 Social security tax withheld				
52-4544617		184289.35			53086.26				
b Employer identification number	1 V	,				Federal income tax withheld			
STATEMENT 490-58-4	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.								
REISSUED a Employee's social security num							rice. If you are required		

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

