STATEMENT 283-58-9483 OMB No. 1545-0008 FASTI Use	F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website								
37-4355802 248921.4 67924.6	S	TATEMENT	28	33-58-9483	ON	MB No. 1545-00	008 FAST! Us	se 🔍	54411	at	www.irs.gov/efile.			
C Employer's name, address, and ZIP code Jones PLC LLC 95357 Cannon Trafficway West Matthewhaven DE 66792-9185	b Emplo	yer identification number			•	1 Wages, tips, other compensation			2	Federal income tax withheld				
Jones PLC LLC 95357 Cannon Trafficway West Matthewhaven DE 66792-9185		37-4355802				248921.4			6	67924.6				
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135		8013753								250				
Mark Sims 13 Statutory Retirement Third-party sick pay E 309	e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12				
4543 Scott Fork Nicoleport TN 29470-0888 14 Other (see enclosed Notice to Employee)						135				D 2526				
## A 543 Scott Fork Nicoleport TN 29470-0888 T	Mark Sims													
P 681 12d E 995	4543 Scott Fork					empl				E 309				
P 681 12d E 995	Nicoleport TN 29470-0888					14 (14 Other (see enclosed Notice to Employee)			i				
## Page Famployee's address and ZIP code Famployee's address and ZIP code Famployee's address and ZIP code Famployee's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 20 Locality n										P 6	81			
f Employee's address and ZIP code 15 State Employer's state ID number									12d	12d				
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	15 State	/		16 State wages, tips, etc.	17 State income	tax	18 Local wages, tips,	etc.	19 Local inc	ome tax	20 Locality name			
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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	REISSUED a Employee's social security number			This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	STATEMENT 283-58-9483			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 numb	er		•	1 Wages, tips, other compensation			2 Federal income tax withheld				
37-435580	2				248921.4			67924.6			
c Employer's name, address, a	nd ZIP code			3 8	3 Social security wages			4 Social security tax withheld			
Jones PLC		284280.63			21747.47						
95357 Can	on Traffic	5 N	5 Medicare wages and tips			6 Medicare tax withheld					
95357 Cannon Trafficway West Matthewhaven DE 66792-9185					267620.02			7760.98			
					7 Social security tips			8 Allocated tips			
		284280.63			267620.02						
d Control number	9 /	9 Advance EIC payment			10 Dependent care benefits						
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e Employee's first name and in	tial Last nam	е		11 N	11 Nonqualified plans			12a See instructions for box 12			
					135			D 2526			
Mark	Mark Sims						12b				
4543 Scott Fork Nicoleport TN 29470-0888					employee plan sick pay			309			
					14 Other (see enclosed Notice to Employee)			E 309			
					other (see enclosed Notice to Emplo	yee)	120				
								P 681			
							12d	1			
								995			
f Employee's address and ZIP	code										
15 State Employer's state I) number	16 State wages, tips, etc.	17 State income	tax	18 Local wages, tips, etc.	19 Lo	ocal income tax		20 Locality name		
IN 943-	01-912	121062.93	6034.8		212933.91 3		34516.05		Mcclure Park		
GA 536-	93-361	118021.87	4537.19		207120.17	485	533.49		Ronald Harbor		

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

