REISSUED a Employee's social security number			Safe, Acc	urate,			Visit the I	RS Website		
STATEMENT 827-09-4164	OMB No	o. 1545-0008	FAST! Us	se 🔍	<i>5</i> 111	e i	at www.ir:	s.gov/efile.		
b Employer identification number		1 Wa	ges, tips, other comp	ensation	2	Federal i	income tax	withheld		
24-5350727			238779.02				74013.04			
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld			
Wilson, Caldwell and Landry Ltd			235946.41				18049.9			
71697 Ford Squares Apt. 503 Kimberlyville MN 58331-1198			5 Medicare wages and tips				6 Medicare tax withheld			
			307667.95				8922.37			
			7 Social security tips				8 Allocated tips			
			235946.41				30766			
d Control number		9 Adv	rance EIC payment		10	•	ent care bei	nefits		
3283369							184			
e Employee's first name and initial Last name		11 Nor	nqualified plans		12a	See inst	ructions fo	or box 12		
Aaron Jennings			288			4582				
			13 Statutory Retirement Third-party							
33553 Lance Flat Apt. 278			mployee plan sick pay X Sick pay 14 Other (see enclosed Notice to Employee)			G	182			
East Madisonville MO 19417-7845										
						н	421			
					12d	·				
						D :	150			
f Employee's address and ZIP code										
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	1	8 Local wages, tips,	etc.	19 Local inc	ome tax		20 Locality name		
NY 159-67-005 113823.64	12004.72	2	286887.99		45449	. 8		Mark Squares		
HI 450-87-726 124359.17	12211.53	2	218407.71	:	29252	. 68		Gallagher Club		

Wage and Tax Statement

5010

Cut here. Keep lower portion for your records.

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.

	REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required					
	TATEMENT	8	27-09-4164	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.					
	yer identification number				1 Wages, tips, other compensation 2 Federal income tax withheld					tax withheld
24-5350727			238779.02			74013.04				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Wilson, Caldwell and Landry Ltd			235946.41			18049.9				
71697 Ford Squares Apt. 503 Kimberlyville MN 58331-1198			5	Medicare wages and tips	6 Medicare tax withheld					
				307667.95	8922.37					
			7 Social security tips			8 Allocated tips				
				235946.41			307667.95			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
	3283369								184	
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Aaron Jennings 33553 Lance Flat Apt. 278			288			4582				
			13 Stat	utory Retirement Third-party		12b				
			employee plan sick pay				G 182			
33333 Hance Flat Apt. 276			ـــالِيــا				G 102			
East Madisonville MO 19417-7845			14	Other (see enclosed Notice to Employe	ee)	12c	ı			
			!]	H 421			
								12d		
						1	D 150			
f Emplo	yee's address and ZIP cod	le .							_	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local incor	me tax	20 Locality name
NY	159-67	7-005	113823.64	12004.72	2 286887.99 4		45	449.	8	Mark Squares
HI	450-87	7-726	124359.17	12211.53		218407.71	29	252.	68	Gallagher Club

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

