REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT	24	16-35-6413	OME	3 No. 1545-0	0008 FAST!	Jse ~	<i>G</i>	file	at www.i	rs.gov/efile.	
b Employer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld			
99-6446595					200903.38			53075.27			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Kent Inc LLC					146168.51			11181.89			
2365 Douglas Fort				5				6 Medicare tax withheld			
_					148054.36			4293.58			
Evelynview NY 63069-5083				7	7 Social security tips			8 Allocated tips			
					146168.51			148054.36			
d Control number				9	9 Advance EIC payment			10 Dependent care benefits			
1106796									272		
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12			
Lisa Richard					233			2206			
					13 Statutory Retirement Third-party employee plan sick pay			12b			
4730 Mora Street				em	ployee plan	sick pay			172		
South Stephenhaven PA 89650-65					14 Other (see enclosed Notice to Employee)			2c	1		
South Stephennaven FA 09050 05								E	660		
								12d			
									0.40		
								H	948		
f Employee's address and ZIP coo 15 State Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	27	18 Local wages, tip	s etc	10 1 00	al income tax	,	20 Locality name	
NM 984-08		109767.32	4066.31	un	229216.1			62.99	•	,	
NP1 904-00	-513	109/0/.34	4000.31		223210.1	フ 	290	02.99		Lawrence Ville	
AR 725-33	8-814	100013.3	4471.76		147768.5	8	304	54.76		Jennifer Unions	

Wage and Tax

Form W-2 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.

F	REISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	24	16-35-6413	OMB	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 Emplo	yer identification number	•			1 \	,			Federal income tax withheld			
99-6446595					200903.38			53075.27				
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld				
Kent Inc LLC					146168.51			11181.89				
2365 Douglas Fort				5 1	5 Medicare wages and tips			6 Medicare tax withheld				
Evelynview NY 63069-5083					148054.36			4293.58				
				7 5	7 Social security tips			8 Allocated tips				
					146168.51			148054.36				
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits				
1106796								272				
e Employee's first name and initial Last name				11 1	11 Nonqualified plans			12a See instructions for box 12				
Lisa Richard					233			2206				
					13 Statutory Retirement Third-party			12b				
4730 Mora Street				empl	pyee plan sick pay			172				
- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				14 (Other (see enclosed Notice to Employ	/ee)	12c					
South Stephenhaven PA 89650-65							_					
								E 660				
							12d	l				
								н 948				
f Employee's address and ZIP code												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	x	18 Local wages, tips, etc.		ocal income tax		20 Locality name		
NM	984-08	5-573	109767.32	4066.31		229216.19	296	662.99		Lawrence Ville		
AR	725-33	8-814	100013.3	4471.76		147768.58	304	454.76		Jennifer Unions		

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

