R	REISSUED a Employee's social security number				Safe, A	ccurate,	e ≁fi		Visit the	IRS Website		
ST	TATEMENT	86	51-51-0739	OMB N	o. 1545-0	DOS FAST!	Use	G~II		at www.ii	rs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation			2	Federal income tax withheld			
36-5825906					85973.72			9	9858.22			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Knapp-May PLC					66400.37				5079.63			
333 Arthur Mountains					5 Medicare wages and tips				6 Medicare tax withheld			
Port Cheryl IN 25799-3556					102058.63				2959.7			
Port Cheryl IN 25799-3556					7 Social security tips			8	8 Allocated tips			
					66400.37				102058.63			
d Control number					9 Advance EIC payment			10				
2885260									105			
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12			
					230				G 7852			
]	Neil Palmer				13 Statutory Retirement Third-party				<u> </u>			
09725 James Ferry Suite 237					employee plan sick pay				E 905			
		-			14 (Other (see enclosed N	lotice to Employ	ee) 12c	l l			
Bergerfort SC 26499-6123									[.	382		
									12d			
								120	1			
									-	587		
	yee's address and ZIP cod											
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tip	-	19 Local inc	come tax		20 Locality name	
NC	275-59	-641	45722.46	2603.81		111460.93		10390	0390.77		White Overpass	
ND	834-36	-057	39294.74	2421.94		78980.97		15215	.77		Kerry Expressway	

Wage and Tax Statement 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.

R	REISSUED	IED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are required										
ST	TATEMENT	86	51-51-0739	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.							
b Emplo	yer identification number	l .		l.	1 Wages, tips, other compensation			2 Federal income tax withheld				
36-5825906					85973.72			9858.22				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Knapp-May PLC					66400.37			5079.63				
333 Arthur Mountains					5 N	ledicare wages and tips		6 Medicare tax withheld				
						102058.63		2959.7				
	Port Cheryl IN 25799-3556					ocial security tips		8 Allocated tips				
						66400.37	102058.63					
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	2885260								105			
e Emplo	yee's first name and initial	Last name			11 Nonqualified plans			12a See instructions for box 12				
						230		G 7852				
	Neil Palmer 09725 James Ferry Suite 237				13 Statu		12b	1				
					X	pyee plan sick pay		E	905			
	Bergerfort	- SC	6499-6123		14 Other (see enclosed Notice to Employee)			12c				
	Deligerrore be 20499 0129						382					
									12d			
								587				
f Employee's address and ZIP code						.						
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name		
NC	275-59	0-641	45722.46	2603.81	111460.93 1		10	L0390.77		White Overpass		
ND	834-36	5-057	39294.74	2421.94		78980.97	15	215.77		Kerry Expressway		

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

