R	REISSUED	a Employee's socia	I security number			S	afe, Accurate,	IRC .	12 H		Visit the	IRS Website	
ST	TATEMENT	84	0-26-1034	OMB N	o. 1545-0	0008 F	AST! Use		≁fil	9	at www.ii	rs.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation				Federal income tax withheld			
58-5566295						205669.43				49964.87			
c Emplo	yer's name, address, and 2	3 Social security wages				4 Social security tax withheld							
	Shaw LLC Gr	215074.13				16453.17							
86426 Eric Estates Apt. 787					5 Medicare wages and tips 175551.88				6 Medicare tax withheld				
	Pacefurt		5091.0										
Pacefurt SC 17825-6069					7 Social security tips				8 Allocated tips				
						215074.13				175551.88			
d Contro	ol number	9 Advance EIC payment				10 Dependent care benefits							
	8507945					198							
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
					268			G 9681					
Rebecca Horton 335 Gomez Freeway Suite 676 New John SC 09410-4842						13 Statutory Retirement Third-party employee plan sick pay							
						X Sick pay					706		
						Other (see enclosed Notice to Employee)							
										E	227		
									12d				
											654		
f Employee's address and ZIP code						1							
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			ages, tips, etc.		Local inco			20 Locality name	
KS	625-36	5-861	103867.46	12735.9		15170	3.76	23	591.	05		Davis Harbor	
AZ	992-99	935	94544.6	10139.21		14877	1.84	30	083.	28		Benjamin Trace	

Wage and Tax

Form W-2 Statement

5010

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.

R	EISSUED	a Employee's soci	al security number	This information is being furnished to the Internal Revenue Service. If you are required										
ST	TATEMENT	84	40-26-1034	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 Employ	b Employer identification number					Wages, tips, other compensation				2 Federal income tax withheld				
	58-5566295	205669.43				49964.87								
c Emplo	yer's name, address, and	3 Social security wages				4 Social security tax withheld								
	Shaw LLC G	215074.13				16453.17								
86426 Eric Estates Apt. 787 Pacefurt SC 17825-6069						5 Medicare wages and tips 175551.88				6 Medicare tax withheld 5091.0				
														Pacefurt SC 1/825-8089
						215074.13				175551.88				
d Contro	d Control number					9 Advance EIC payment				10 Dependent care benefits				
	8507945										198			
e Emplo	e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12			
Rebecca Horton 335 Gomez Freeway Suite 676 New John SC 09410-4842						268				G 9681				
						13 Statutory Retirement Third-party employee plan sick pay					1			
										D	706			
						14 Other (see enclosed Notice to Employee)				12c				
55 55										E	227			
									12d					
											654			
	yee's address and ZIP co		AC Ctataaaaa tiaa ata	17 State income tax		40		10		come tax		20 1 15		
15 State	Employer's state ID n		16 State wages, tips, etc.			18 Local wages,					i.	20 Locality name		
KS	625-3		103867.46	12735.9		151703.	16	23	591	.05		Davis Harbor		
AZ	992-99	9-935	94544.6	10139.21		148771.8	34	30	083	.28		Benjamin Trace		

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

