| REISSUED a Employee's social security nu | | Safe, Accurate, Visit the IRS Website | | | | | |
|-----------------------------------------------|---------------------------------|---------------------------------------|----------------------------------------------|--------------------------------|--|--|--|
| STATEMENT 148-94- | 5606 | OMB No. 1545-0008 FAST! | Use at www.irs.gov/efile. | | | | |
| b Employer identification number | | 1 Wages, tips, other co | ompensation 2 Federal income tax withheld | | | | |
| 36-1923414 | | 145873.4 | 36215.89 | 36215.89 | | | |
| c Employer's name, address, and ZIP code | | 3 Social security wages | s 4 Social security tax withheld | 4 Social security tax withheld | | | |
| Barnett Group and Sons | | 103458.7 | 7914.59 | 7914.59 | | | |
| 672 Smith Walk Suite 564 | | 5 Medicare wages and | ' | | | | |
| Hughesside MO 44114-3 | 369 | 147467.0 | | 4276.54 | | | |
| Hughesside MO 44114-3. | 000 | 7 Social security tips | · · | 8 Allocated tips | | | |
| | | 103458.7 | | | | | |
| d Control number | | 9 Advance EIC payment | nt Dependent care benefits | 10 Dependent care benefits | | | |
| 9119996 | | | 265 | | | | |
| e Employee's first name and initial Last name | | 11 Nonqualified plans | 12a See instructions for box 12 | | | | |
| Daha | | 254 | 8823 | 8823 | | | |
| Rebecca Galloway | | 13 Statutory Retiremen | | | | | |
| 0955 Sheila Mission | | employee plan | x P 270 | | | | |
| Katelynfurt NE 5176 | 3-4006 | 14 Other (see enclosed | Notice to Employee) 12c | | | | |
| | | | P 716 | | | | |
| | | | 12d | | | | |
| | | | 668 | | | | |
| f Employee's address and ZIP code | | | 1000 | | | | |
| 1 7 | ages, tips, etc. 17 State incom | ne tax 18 Local wages, ti | ips, etc. 19 Local income tax 20 Locality na | ame | | | |
| IL 607-20-882 77377 | .95 5310.3 | 4 131780.7 | 72 17245.8 Anthony K | Knoll | | | |
| FL 616-68-560 74345 | .03 6107.0 | 6 104033.2 | 27 28882.03 Holland C | Court | | | |

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 | a Employee's socia | al security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | |
|------------------------------------------|-----------------------------------------------|--------------------|-----------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------|-----------------|-----------|------------------|--|--|
| SI | TATEMENT | 14 | 18-94-5606 | 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 Employer identification number | | | 1 Wages, tips, other compensation | | | Federal income tax withheld | | | | | | |
| 36-1923414 | | | | 145873.46 | | | 36215.89 | | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | |
| Barnett Group and Sons | | | | 103458.71 | | | 7914.59 | | | | | |
| 672 Smith Walk Suite 564 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | | | |
| Hughesside MO 44114-3368 | | | | 147467.05 | | | 4276.54 | | | | | |
| | | | | 7 Social security tips | | | 8 Allocated tips | | | | | |
| | | | | 103458.71 | | | 147467.05 | | | | | |
| d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | | |
| 9119996 | | | | | | | | 265 | | | | |
| e Emplo | e Employee's first name and initial Last name | | | | 11 Nonqualified plans 12a See in | | | 12a See ins | tructions | for box 12 | | |
| Rebecca Galloway | | | 254 13 Statutory Retirement Third-party | | | 8823 | | | | | | |
| 0955 Sheila Mission | | | empl | oyee plan sick pay | | P | 270 | | | | | |
| Katelynfurt NE 51763-4006 | | | | 14 (| Other (see enclosed Notice to Employ | ree) | 12c | i | | | | |
| | | | | 1 | | | P | 716 | | | | |
| | | | | | | | | 12d | | | | |
| | | | | | | | 668 | | | | | |
| f Emplo | yee's address and ZIP con | | 146 Ctata | 17 State income tax | | 40 Landurana tina ata | 10.1 | ocal income tax | | 20 | | |
| | Employer's state ID no | | 16 State wages, tips, etc. | | | 18 Local wages, tips, etc. | | | | 20 Locality name | | |
| IL | 607-20 | J-88 <u>2</u> | 77377.95 | 5310.34 | | 131780.72 | 17 | 245.8 | | Anthony Knoll | | |
| FL | 616-68 | 3-560 | 74345.03 | 6107.06 | | 104033.27 | 28 | 882.03 | | Holland Court | | |

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

