REISSUED STATEMENT	a Employee's soci	al security number 91-76-2824	OMB N	o. 1545-000	Safe, Accu 8 FAST! Use	188	e≁fi	le		IRS Website rs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld			
61-7067091					188323.15			63252.81			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Young Ltd LLC					205225.15			15699.72			
2757 Mark Curve Suite 044					5 Medicare wages and tips			6 Medicare tax withheld			
				206286.53				5982.31			
Kathrynstad RI 00734-0052				7 Social security tips			8	8 Allocated tips			
				:	205225.15				2062	86.53	
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
7284122								252			
e Employee's first name a	nd initial Last nam	е		11 No	nqualified plans		12a	See in	structions	for box 12	
Joshua Mcpherson					221 13 Statutory Retirement Third-party			G 2826			
386 Malone Gardens Suite 685				employee plan sick pay					811		
Stewartbury OK 44494-1168					Other (see enclosed Notice to Employee)			E	144		
							12d		1		
f Employee's address and	i ZIP code							E	145		
1 2/ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ate ID number	16 State wages, tips, etc.	17 State income tax	<u>'</u>	18 Local wages, tips, e	tc.	19 Local inc	come tax	х	20 Locality name	
AK 06	8-08-280	100655.45	4025.76		160578.16		23398	.08		Reynolds Shore	
	9-39-439	92558.98	3668.17		140265.54		28618	.56		Sparks Harbor	

Wage and Tax

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.

REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are require							
STATEMENT	29	91-76-2824	OMB No	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			2 Federal income tax withheld				
61-7067091				188323.15			63252.81				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Young Ltd LLC				205225.15			15699.72				
2757 Mark Curve Suite 044 Kathrynstad RI 00734-0052				5 Medicare wages and tips 206286.53			6 Medicare tax withheld 5982.31				
											7 Social security tips
									205225.15		
d Control number				9 Advance EIC payment			10 Dependent care benefits				
7284122								252			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Joshua Mcpherson 386 Malone Gardens Suite 685				221 13 Statutory Retirement Third-party employee plan sick pay			G 2826				
Stewarth	ury OK	44494-1168		14	Other (see enclosed Notice to Emplo	yee)	12c	1			
Stewartbury OK 44494-1168							E	144			
							12d				
							E	145			
 f Employee's address and ZIP 5 State Employer's state II 		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10 1	Local income tax	,	20 Locality name		
			4025.76		3.,,,,,,,,		3398.08		Reynolds Shore		
	200	1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3023.70		1100370.10	123	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Reynords Shore		
SD 149-	39-439	92558.98	3668.17		140265.54	28	618.56		Sparks Harbon		

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

