R	EISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website					
ST	ATEMENT	45	6-64-1846	OMB N	lo. 1545-0	0008 I	FAST! Use			6	at www.ii	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld			
21-1809598						144175.04				44046.41			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Black PLC LLC						128023.99				9793.84			
4267 Charles Divide South Carlosside NJ 45856-6389					5 Medicare wages and tips				6 Medicare tax withheld				
					165997.76				4813.94				
•	South Carlosside NJ 45856-6389					7 Social security tips				8 Allocated tips			
					128023.99				165997.76				
d Contro	d Control number						9 Advance EIC payment			10 Dependent care benefits			
•	7960504								205				
e Employ	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					284				D 5118				
ļ '	Jacqueline Kline					13 Statutory Retirement Third-party					i		
4619 April Divide					employee plan sick pay				686				
1	West Marymouth CA 58908-4430					14 Other (see enclosed Notice to Employee)				12c			
west narymouth on 50500 4450					1				579				
										12d			
										G	828		
f Employee's address and ZIP code											•		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local v	vages, tips, etc.	19 L	ocal inco	ome tax		20 Locality name	
MA	023-02	-709	75046.71	3757.72		11870	08.41	20	171	. 74		Scott Squares	
NE	973-65	-991	74115.16	3843.58		16471	L1.0	20	559	. 58		Michael Terrace	

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 social security number		This information is being furnished to the Internal Revenue Service. If you are required											
ST	STATEMENT 456-64-1846 OMB N				3 No. 1545-0	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					
21-1809598						144175.04			44046.41					
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld					
Black PLC LLC						128023.99				9793.84				
4267 Charles Divide					5	l				6 Medicare tax withheld				
	South Carlosside NJ 45856-6389					165997.76				4813.94				
South Carrosside NJ 45850-0589					7	7 Social security tips				8 Allocated tips				
						128023.99			165997.76					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits					
'	7960504									205				
e Employ	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
						284			D 5118					
	Jacqueline Kline					13 Statutory Retirement Third-party				1				
4619 April Divide					employee plan sick pay X X				686					
,	West Marymouth CA 58908-4430					14 Other (see enclosed Notice to Employee)			12c					
west marymouth CA 30900-4430									579					
							F				12d			
						G	828							
f Employ	f Employee's address and ZIP code							-	<u> </u>	020				
15 State					ax	18 Local wages, tips, etc. 19		19 Local inc	come tax	20 Locality name				
MA	023-02	-709	75046.71 3757.72			118708.41 2		20171	.74	Scott Squares				
NE	973-65-991 74115.16 3843.58				164711.0			.58	Michael Terrace					

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

