REISSUED	a Employee's soci	•			S	afe, Accurate,	TRE 1		Visit the	IRS Website	
STATEMENT	2	49-59-3269	OMB N	o. 1545-00	008 F	AST! Use		≁file >	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld			
43-6229228				244854.97				35933.56			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Bennett LLC and Sons				262571.37				20086.71			
7820 Moss Motorway Apt. 525				5 Medicare wages and tips 233224.38				6 Medicare tax withheld 6763.51			
South William DC 30914-2869			7 Social security tips				8 Allocated tips				
				262571.37				233224.38			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
5641599				3 /	dvance Lic	payment		10 Depen	138	SHEIRS	
			11 Nonqualified plans			12a See instructions for box 12					
e Employee's first name and ir	itial Last nam	ie		11 1	ionqualilled p	olans		12a See in	Structions	for box 12	
W a b b b a s s				102			3126				
Matthew Myers			13 Statutory Retirement Third-party employee plan sick pay			12b	i				
730 Daryl Fall Suite 992			X		x			146			
Jodyberg NJ 48948-4499 14 Other (see enclosed Notice to Employee) 12c											
000,201g 100 100 1100							H	746			
							12d				
									111		
f Employee's address and ZIF		Transis is a	Transition in				1.0			Lag I III	
15 State Employer's state I		16 State wages, tips, etc.	17 State income tax			ages, tips, etc.		Local income ta:	(20 Locality name	
ND 090-	08-939	116722.04	6440.36	185461.07 45518.79 Mich		Michael Plains					
FL 624-	20-540	111478.14	7102.64		24123	5.56	34	650.48		Frederick Rapid	

Wage and Tax

Statement Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

5070

DEICCHED	a Employee's socia	al socurity number	-		This information is being furnis	shed to	the Internal Re	onue Servi	ce. If you are required	
REISSUED		•	0.45.11	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
STATEMENT		19-59-3269	OMB No	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
43-6229228				244854.97			35933.56			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Bennett LLC and Sons				262571.37			20086.71			
7820 Moss Motorway Apt. 525				5 Medicare wages and tips			6 Medicare tax withheld			
South William DC 30914-2869			233224.38			6763.51				
South william DC 30914-2009				7 Social security tips			8 Allocated tips			
				262571.37			233224.38			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
5641599	5641599							138		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Matthew Myers 730 Daryl Fall Suite 992 Jodyberg NJ 48948-4499			102			3126				
			13 Statutory Retirement Third-party employee Retirement Sick pay X			12b				
						146				
									746	
						н 746				
								111		
f Employee's address and ZIP or	ode									
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		9 Local income tax		20 Locality name	
ND 090-0	8-939	116722.04	6440.36		185461.07	45	518.79		Michael Plains	
FL 624-2	0-540	111478.14	7102.64		241235.56	34	650.48		Frederick Rapid	

Cut here. Keep lower portion for your records.

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

