REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					
STATEMENT 211-13-6871	OMB No. 1545-0	008 FAST! Use	at wy	ww.irs.gov/efile.			
<b>b</b> Employer identification number	1	Wages, tips, other compensation	2 Federal incom	2 Federal income tax withheld			
51-8191200		47587.35	6830.02	6830.02			
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security	4 Social security tax withheld			
Cochran and Sons Ltd		48898.12	3740.71	3740.71			
57666 John Divide Suite 224	5	Medicare wages and tips					
Port Jose DE 88060-1449		54544.93	_	1581.8			
FOIC BOSE DE 80000-1449	7	Social security tips		8 Allocated tips			
		48898.12		544.93			
d Control number	9	Advance EIC payment	re benefits				
3631370			26	8			
e Employee's first name and initial Last name	11	11 Nonqualified plans 12a See instructions for					
Tuestin Commenter		270	G 49	G 4910			
Justin Carpenter		utory Retirement Third-party loyee plan sick pay	12b				
936 Nicholas Causeway	emp	Noyee plan Sick pay	D 309	9			
Walkermouth KY 27709-0875	14	Other (see enclosed Notice to Employ	yee) 12c				
			G 623	3			
			12d	12d			
			47	5			
f Employee's address and ZIP code							
15 State   Employer's state ID number   16 State wages, tips, etc.   17 St	ate income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
LA 033-75-169 24540.66 127	74.35	36021.37	7878.37	Green Ridges			
LA 692-76-893 22943.04 141	L4.77	59926.61	7879.42	Fisher Fort			

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	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	TATEMENT	21	L1-13-6871	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				2 Federal income tax withheld					
51-8191200			47587.35				6830.02					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld						
Cochran and Sons Ltd			48898.12				3740.71					
57666 John Divide Suite 224 Port Jose DE 88060-1449			5 Medicare wages and tips 54544.93			6 Medicare tax withheld 1581.8						
										7 Social security tips		
						48898.12				54544.93		
d Contro	ol number				9	Advance EIC payme	ent		10	Depend	dent care b	enefits
3631370							268					
e Employee's first name and initial Last name		11 Nonqualified plans				12a See instructions for box 12						
			270				G 4910					
	Justin Carpenter			13 Statutory Retirement Third-party			12b					
936 Nicholas Causeway			employee plan sick pay					D 309				
_			14 Other (see enclosed Notice to Employee)			yee)	12c					
Walkermouth KY 27709-0875							~	600				
						12d	G	G 623				
									120		ſ	
						475						
	yee's address and ZIP coo		Transition in the second	T.= 0		Tro i		140				Las I III
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages,				come tax		20 Locality name
LA	033-75	o-169	24540.66	1274.35		36021.3	/	78	78.	37		Green Ridges
LA	692-76	5-893	22943.04	1414.77		59926.6	1	78	79.	42		Fisher Fort

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

