R	REISSUED	a Employee's socia	l security number			Safe, A	Accurate,	c D	file	Visit the	IRS Website		
ST	FATEMENT	62	2-54-4606	OMB N	o. 1545-00	008 FAST!	Use	G	IIIE	at www.i	rs.gov/efile.		
b Employ	yer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld				
45-1235834					41509.67				12613.89				
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4 Social security tax withheld				
Young-Stevens Ltd					31630.32				2419.72				
306 Barrett Groves					5 Medicare wages and tips				6 Medicare tax withheld				
					50332.65				1459.65				
	Lake Carlstad KS 31532-5000					7 Social security tips				8 Allocated tips			
					31630.32				50332.65				
d Contro	ol number				9 Advance EIC payment				10 Dependent care benefits				
3911050									204				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
					277				D 2300				
Jason Michael				13 Statutory Retirement Third-party sick pay X Statutory Plan Sick pay 14 Other (see enclosed Notice to Employee)				12b	i i				
6522 Jones Radial Davidview KS 59808-4453								D	875				
								12c	1				
									G	835			
									12d				
									G	111			
f Employ	vee's address and ZIP cod	Δ.											
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages,	ips, etc.	19 Lo	cal income ta	х	20 Locality name		
SD	562-04	-862	21325.37	1599.64		46306.91 4		482	1826.34		Mcdonald Inlet		
											T		
RI	932-36	-122	21455.79	1232.94		38997.83	3	702	1.7		Phillips Manors		

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.

	TICCLIED	a Employoo's soci	al cocurity number			This information is being furnis	hed to	the Internal P	Vanua San	ice. If you are required	
	REISSUED a Employee's social security number STATEMENT 622-54-4606 OMB No. 1545-000				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 622-54-4606 OMB N b Employer identification number				1 \	this income is taxable and you Vages, tips, other compensation	o report it. 2 Federal income tax withheld				
45-1235834					41509.67			12613.89			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Young-Stevens Ltd					31630.32			2419.72			
306 Barrett Groves Lake Carlstad KS 31532-5000					5 Medicare wages and tips			6 Medicare tax withheld			
					50332.65			1459.65			
					7 Social security tips			8 Allocated tips			
					31630.32			50332.65			
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	3911050							204			
e Emplo	yee's first name and initial	Last name	е		11 Nonqualified plans			12a See instructions for box 12			
				277			D 2300				
	Jason Michael				13 Statutory Retirement Third-party			12b			
6522 Jones Radial					employee plan sick pay			D	875		
	0322 Dolles Radial										
Davidview KS 59808-4453					14 Other (see enclosed Notice to Employee)			12c	Ì		
								G	835		
								12d			
								G	G 111		
f Employee's address and ZIP code									1		
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income ta	х	20 Locality name	
SD	562-04	-862	21325.37	1599.64		46306.91 4		26.34	Mcdonald Inlet		
RI	932-36	:_122	21455.79	1232.94	38997.83 70		70	021.7			
LT	932-36)- 1 22	Z1400./9	1434.94		30331.03	1/0	ZI. /		Phillips Manors	

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

