| F | REISSUED a Employee's social security number | | | | Safe, Accurate, | | | | Visit the IRS Website | | | | |
|---|--|------|----------------------------|------------------------|--|---|------|----------------------------|---------------------------------|-------------------------------|-------------------|--|--|
| S | TATEMENT | 65 | 52-48-2281 | OMB N | o. 1545-00 | 08 FAST! Us | se | 5~ II | 6 | at www.ii | rs.gov/efile. | | |
| b Employer identification number | | | | | 1 W | Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | |
| 24-5402902 | | | | | | 120482.1 | | | | 32755.05 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | | |
| Barron PLC LLC | | | | | 112956.74 | | | | 8641.19 | | | | |
| 3713 Hernandez Islands Suite 771 | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | |
| North Stephenhaven CA 78806-9139 | | | | | 107949.52 | | | | 3130.54 | | | | |
| | | | | | 7 Social security tips | | | | 8 Allocated tips | | | | |
| | | | | | 112956.74 | | | | 107949.52 | | | | |
| d Control number | | | | 9 Advance EIC payment | | | 10 | 10 Dependent care benefits | | | | | |
| 5797196 | | | | | | | | | | 220 | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a | 12a See instructions for box 12 | | | | |
| | | | | | 103 | | | | D 1330 | | | | |
| | James Alle | en | | | 13 Statutory Retirement Third-party | | | 12b | | | | | |
| 544 Goodwin Garden | | | | employee plan sick pay | | | | 541 | | | | | |
| | Jefffort TX 37393-1635 | | | | 14 Other (see enclosed Notice to Employee) | | | e) 12c | ı | | | | |
| | | | | | | | | н | 825 | | | | |
| | | | | | | | | 12d | 12d | | | | |
| | | | | | | | | | | 309 | | | |
| f Emplo | yee's address and ZIP cod | lo. | | | | | | | | 303 | | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | 1 | 18 Local wages, tips, | etc. | 19 Local inc | come tax | | 20 Locality name | | |
| UT | 849-41 | 785 | 55202.06 | 2871.86 | | 123215.36 | | 12735 | .76 | | Joshua Extensions | | |
| WA | 046-20 | -469 | 57852.39 | 3392.25 | | 126453.8 | | 19595 | . 92 | | Grace Valley | | |
| Wage and Tax Department of the TreasuryInternal Revenue Service | | | | | | | | | | | | | |

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

Cut here. Keep lower portion for your records.

| REISSUED | a Employee's soci | al security number | | | | | | | | ice. If you are required | | |
|--|--|----------------------------|---------------------|---------------------------------|--|------------------------|-------------|---------------------------------|------------------|--------------------------|--|--|
| STATEMENT | 6 | 52-48-2281 | OMB N | o. 1545-0 | to file a tax retui | | | | ction may b | e imposed on you if | | |
| b Employer identification number | | | | Wages, tips, other compensation | | | 2 | 2 Federal income tax withheld | | | | |
| 24-5402902 | | | | | 120482.1 | | | 32755.05 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Barron PLC LLC | | | | | 112956.74 | | | 8641.19 | | | | |
| 3713 Hernandez Islands Suite 771 | | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | |
| | | | | | 107949.52 | | | 3130.54 | | | | |
| North Ste | North Stephenhaven CA 78806-9139 | | | | | 7 Social security tips | | | 8 Allocated tips | | | |
| | | | | | 112956.74 | | | 107949.52 | | | | |
| d Control number | | | | 9 Advance EIC payment | | | 10 | 10 Dependent care benefits | | | | |
| 5797196 | | | | | | | | | 220 | | | |
| e Employee's first name and in | e Employee's first name and initial Last name James Allen | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| | | | | | 103 13 Statutory Retirement Third-party | | | D 1330 | | | | |
| James Al | | | | | | | | | | | | |
| 544 Goodwin Garden | | | | | employee plan sick pay | | | | 541 | | | |
| Jefffort | Jefffort TX 37393-1635 | | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | | |
| 00222020 2 0.000 2000 | | | | | | | | н | 825 | | | |
| | | | | | | | 12d | | | | | |
| | | | | | | | | | 309 | | | |
| f Employee's address and ZIF | code | | | | | | | | | | | |
| 15 State Employer's state | D number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips | s, etc. | 19 Local ii | ncome ta | • | 20 Locality name | | |
| UT 849- | 41-785 | 55202.06 | 2871.86 | | 123215.3 | 5 | 12735 | 5.76 | | Joshua Extensions | | |
| WA 046- | 20-469 | 57852.39 | 3392.25 | | 126453.8 | | 19595 | 5.92 | | Grace Valley | | |

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

