| R | REISSUED | a Employee's socia | l security number | | | Safe | Accurate, | Re O | H | Visit the | IRS Webs | ite | |
|--|---|--------------------|----------------------------|--------------------|------------|--|-----------|----------|---------------------------------|--------------------------------|--------------|-------|--|
| ST | TATEMENT | 11 | .0-21-8247 | OMB | No. 1545-0 | 008 FAS | Γ! Use | | ile | at www.i | rs.gov/efile | ١. | |
| b Employer identification number | | | | | 1 | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 39-0882879 | | | | | | 195668.9 | | | | 64335.66 | | | |
| c Employer's name, address, and ZIP code | | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | |
| Jarvis PLC Ltd | | | | | | 154861.02 | | | | 11846.87 | | | |
| 56100 Tammy Summit Apt. 527 Lake Christina KY 63641-5763 | | | | | 5 | gg | | | | 6 Medicare tax withheld | | | |
| | | | | | | 161229.92 | | | | 4675.67 | | | |
| | | | | | 7 | 1 0000000000000000000000000000000000000 | | | | 8 Allocated tips | | | |
| | | | | | | 154861.02 | | | 161229.92 | | | | |
| d Contro | ol number | | | | 9 | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 6666670 | | | | | | | | | 129 | | | | |
| e Employee's first name and initial Last name | | | | | 11 | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| | Stephen Caldwell | | | | | 129 | | | E 6753 | | | | |
| | | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 1 | | | |
| 0725 Harold Stravenue Suite 488 Alexanderborough PA 42895-4688 | | | | | | | sick pay | | 321 | | | | |
| | | | | | | 14 Other (see enclosed Notice to Employee) | | | | ĺ | | | |
| | | | | | | | | | G 746 | | | | |
| | | | | | | | | | 12d | | | | |
| | | | | | | | | | | 438 | | | |
| f Employ 15 State | yee's address and ZIP cod Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income ta | | 18 Local wages | tine oto | 19 Local | incomo to | , | 20 Locality | nama | |
| | | | = ' ' ' | | ıx | _ | | | | ` | 1 | | |
| WA | 305-57 | -433 | 92443.46 | 4183.14 | | 240729. | 39 | 3637 | 1.84 | | Johnson | Cliff | |
| NC | 527-77 | -154 | 91270.56 | 5485.8 | | 235577 | 89 | 2864 | 0.83 | | Hayes | Plaza | |

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 | | | | | | | | | | | | |
|---|--|---------|----------------------------|---------|---|---|-----------|-------|---------------------------------|-------------------------------|------------------|--|--|
| ST | ATEMENT | 13 | 10-21-8247 | OMB | 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 | | | | | Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | |
| 39-0882879 | | | | | | 195668.9 | | | 64335.66 | | | | |
| c Employer's name, address, and ZIP code | | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Jarvis PLC Ltd | | | | | | 154861.02 | | | 11846.87 | | | | |
| 56100 Tammy Summit Apt. 527 Lake Christina KY 63641-5763 | | | | | 5 1 | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | |
| | | | | | | 161229.92 | | | | 4675.67 | | | |
| | | | | | 7 : | 7 Social security tips | | | 8 Allocated tips | | | | |
| | | | | | | | 154861.02 | | | 161229.92 | | | |
| d Control number | | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| | 6666670 | | | | | | | | | 129 | | | |
| e Employee's first name and initial Last name | | | | | 11 1 | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| | Stephen Caldwell 0725 Harold Stravenue Suite 488 | | | | | 129 | | | E 6753 | | | | |
| | | | | | | 13 Statutory Retirement Third-party employee plan sick pay X | | | 321 | | | | |
| 1 | | | | | | | | | | | | | |
| Alexanderborough PA 42895-4688 | | | | | 14 (| 14 Other (see enclosed Notice to Employee) | | | | 12c | | | |
| | | | | | | | | G 746 | | | | | |
| | | | | | | | | ŀ | 12d | | | | |
| | | | | | | | | | 438 | | | | |
| f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax | | | | | | 140 | | 140 1 | ocal incon | | 20 | | |
| 15 State | | | 16 State wages, tips, etc. | | X. | · · · · · · · · · · · · · · · · · · · | | | | | 20 Locality name | | |
| WA | 305-57 | / - 453 | 92443.46 | 4183.14 | | 240729.39 3 | | 36 | 36371.84 | | Johnson Cliff | | |
| NC | 527-77 | 7-154 | 91270.56 | 5485.8 | | 235577.89 | | 28 | 640. | 83 | Hayes Plaza | | |

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

