R	REISSUED	a Employee's socia	security number			Safe, Ac	curate,			Visit the I	RS Webs	ite	
ST	TATEMENT	52	4-34-6416	OME	B No. 1545-00	008 FAST! U	lse 🔍	e~fi		at www.ir	s.gov/efile) .	
b Employer identification number					1 V	1 Wages, tips, other compensation			2 Federal income tax withheld				
95-6202023						199244.65			70386.64				
c Employer's name, address, and ZIP code					3 8	3 Social security wages			4 Social security tax withheld				
Cook LLC and Sons						197082.15			15076.78				
576 Ronald Island					5 N	get alle apr				6 Medicare tax withheld			
	Johnbury CO 09990-4689					219002.72				6351.08			
'					7 8	7 Social security tips				8 Allocated tips			
						197082.15			219002.72				
d Contro	l number				9 A	9 Advance EIC payment			10 Dependent care benefits				
:	191673								192				
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12				
						188			D 8457				
]	Robert Martin					13 Statutory Retirement Third-party							
7365 Anderson Brooks Suite 167					X	employee plan sick pay				356			
New Samanthamouth MO 99171-37						14 Other (see enclosed Notice to Employee)							
110.11 20.110.110.110.110.110.110.110.110.110.1										236			
									12d				
									G	480			
	yee's address and ZIP cod												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income t		18 Local wages, tips	,	19 Local inc			20 Locality	/ name	
IL	806-90	-264	93037.47	13288.33	3	181601.47	7 ;	31501	.86		George	Manors	
KY	523-73	-291	100338.17	11189.01	L	175148.56	5 :	35594	. 67		Smith	Wells	

Wage and Tax Statement

Form W-2

5070

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.

REISSUED	a Employee's socia											
STATEMENT	52	24-34-6416	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				
95-6202023					199244.65			70386.64				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Cook LLC and Sons					197082.15			15076.78				
576 Ronald Island Johnbury CO 09990-4689					5 Medicare wages and tips			6 Medicare tax withheld				
					219002.72			6351.08				
					7 Social security tips			8 Allocated tips				
					197082.15			219002.72				
d Control number				9 Advance EIC payment			10 Dependent care benefits					
191673				1			192					
e Employee's first name and initia	al Last name			11 Nonqualified plans			12a See instructions for box 12					
Robert Martin 7365 Anderson Brooks Suite 167					188			D 8457				
					13 Statutory Retirement Third-party							
					employee plan sick pay			356				
						14 Other (see enclosed Notice to Employee)			12c			
New Samanthamouth MO 99171-37					, , , ,							
								236				
							12d	ı				
					!			480				
f Employee's address and ZIP of												
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		· · · · · · · · · · · · · · · · · · ·		Local income ta:	20 Locality name				
IL 806-9	0-264	93037.47	13288.33		181601.47 31501.86 g		George Manors					
KY 523-7	3-291	100338.17	11189.01		175148.56	35	594.67		Smith Wells			

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

