| REISSUED                                      | a Employee's socia | •                          |                     |                                     | Safe, Acc               | urate,         | 0 .6           |                                 | /isit the I | RS Website        |  |
|---|--------------------|----------------------------|---------------------|-------------------------------------|-------------------------|----------------|----------------|---------------------------------|-------------|-------------------|--|
| STATEMENT                                     | 85                 | 59-76-9659                 | OMB N               | o. 1545-0                           | 008 FAST! U             | se             | <i>5</i> ~ III | e a                             | at www.ir   | s.gov/efile.      |  |
| <b>b</b> Employer identification number       | r                  |                            |                     | 1                                   | Wages, tips, other comp | ensation       | 2              | Federal in                      | ncome tax   | withheld          |  |
| 12-6632219                                    |                    |                            |                     | 232898.85                           |                         |                | 6              | 69882.92                        |             |                   |  |
| c Employer's name, address, and ZIP code      |                    |                            |                     | 3 Social security wages             |                         |                | 4              | 4 Social security tax withheld  |             |                   |  |
| Whitaker-Jackson PLC                          |                    |                            |                     | 264671.83                           |                         |                | 2              | 20247.39                        |             |                   |  |
| 0361 Nicole Manor<br>Bakerton NV 90801-6756   |                    |                            |                     | 5 Medicare wages and tips           |                         |                | 6              |                                 |             |                   |  |
|   |                    |                            |                     | 218721.82                           |                         |                |                | 6342.93                         |             |                   |  |
|   |                    |                            |                     | 7 Social security tips              |                         |                |                | 8 Allocated tips                |             |                   |  |
|   |                    |                            |                     | 264671.83                           |                         |                |                | 218721.82                       |             |                   |  |
| d Control number                              |                    |                            |                     | 9 Advance EIC payment               |                         |                | 10             | 10 Dependent care benefits      |             |                   |  |
| 1454095                                       |                    |                            |                     |                                     |                         |                |                | 264                             |             |                   |  |
| e Employee's first name and initial Last name |                    |                            |                     | 11 Nonqualified plans               |                         |                | 12a            | 12a See instructions for box 12 |             |                   |  |
| Michelle Carroll                              |                    |                            |                     | 253                                 |                         |                |                | 3622                            |             |                   |  |
|   |                    |                            |                     | 13 Statutory Retirement Third-party |                         |                | 12b            | 12b                             |             |                   |  |
| 461 Valdez Field Apt. 558                     |                    |                            |                     | employee plan sick pay              |                         |                |                | 265                             |             |                   |  |
| Gutierrez                                     | view I             | L 02149-4063               |                     | 14                                  | Other (see enclosed No  | ice to Employe | e) 12c         | i                               |             |                   |  |
|   |                    |                            |                     |                                     |                         |                | -              | 702                             |             |                   |  |
|   |                    |                            |                     |                                     |                         | 12d            | 12d            |                                 |             |                   |  |
|   |                    |                            |                     |                                     |                         |                |                | E                               | 955         |                   |  |
| f Employee's address and ZIP of               |                    |                            |                     |                                     |                         |                |                | •                               |             |                   |  |
| 15 State Employer's state ID                  |                    | 16 State wages, tips, etc. | 17 State income tax |                                     | 18 Local wages, tips,   |                | 19 Local inc   |                                 |             | 20 Locality name  |  |
| ND 274-5                                      | 5-490              | 121155.37                  | 7740.35             | 272819.51 45953.67                  |                         | Walters Garden |                |                                 |             |                   |  |
| иј 809-9                                      | 8-602              | 113208.46                  | 11056.38            |                                     | 254957.99               |                | 45397          | . 87                            |             | Alexander Valleys |  |

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.

| F   | REISSUED                  | a Employee's soci | -                          |   | 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 |                                 |                                 |                                |     |                   |  |  |
|---|---------------------------|-------------------|----------------------------|---|--|---------------------------------|---------------------------------|--------------------------------|-----|-------------------|--|--|
|   | TATEMENT                  | 8.                | 59-76-9659                 | OMB N                                   | OMB No. 1545-0008 this income is taxable and you fail to report it.  |                                 |                                 |                                |     |                   |  |  |
| <b>b</b> Emplo                                | yer identification number |                   |                            |   | 1 Wages, tips, other compensation  |                                 |                                 | Federal income tax withheld    |     |                   |  |  |
| 12-6632219                                    |                           |                   |                            |   | 232898.85  |                                 |                                 | 69882.92                       |     |                   |  |  |
| c Employer's name, address, and ZIP code      |                           |                   |                            |   | 3 Social security wages  |                                 |                                 | 4 Social security tax withheld |     |                   |  |  |
| Whitaker-Jackson PLC                          |                           |                   |                            |   | 264671.83  |                                 |                                 | 20247.39                       |     |                   |  |  |
| 0361 Nicole Manor                             |                           |                   |                            | 5 Medicare wages and tips               |  |                                 | 6 Medicare tax withheld         |                                |     |                   |  |  |
| Bakerton NV 90801-6756                        |                           |                   |                            | 218721.82                               |  |                                 | 6342.93                         |                                |     |                   |  |  |
|   |                           |                   |                            | 7                                       | Social security tips   |                                 | 8 Allocated tips                |                                |     |                   |  |  |
|   |                           |                   |                            | 264671.83                               |  |                                 | 218721.82                       |                                |     |                   |  |  |
| d Control number                              |                           |                   |                            | 9 Advance EIC payment                   |  |                                 | 10 Dependent care benefits      |                                |     |                   |  |  |
|   | 1454095                   |                   |                            |   |  |                                 |                                 |                                | 264 |                   |  |  |
| e Employee's first name and initial Last name |                           |                   |                            | 11 Nonqualified plans                   |  |                                 | 12a See instructions for box 12 |                                |     |                   |  |  |
| Michelle Carroll                              |                           |                   |                            | 253 13 Statutory Retirement Third-party |  |                                 | 3622                            |                                |     |                   |  |  |
| 461 Valdez Field Apt. 558                     |                           |                   |                            | employee plan sick pay 265              |  |                                 | 265                             |                                |     |                   |  |  |
| Gutierrezview IL 02149-4063                   |                           |                   |                            |   | 14   | Other (see enclosed Notice to E | mployee)                        | 12c                            | 1   |                   |  |  |
| Gutterrezview in O2145 4005                   |                           |                   |                            |   |  |                                 | 702                             |                                |     |                   |  |  |
|   |                           |                   |                            |   |  |                                 | 12d                             |                                |     |                   |  |  |
|   |                           |                   |                            |   |  |                                 | E                               | E 955                          |     |                   |  |  |
| f Employee's address and ZIP code             |                           |                   |                            |   | T  |                                 |                                 |                                | T   |                   |  |  |
| 15 State                                      | Employer's state ID n     |                   | 16 State wages, tips, etc. | 17 State income tax                     |  | 18 Local wages, tips, etc.      |                                 | Local income tax               |     | 20 Locality name  |  |  |
| ND  | 274-55                    | 5-490             | 121155.37                  | 7740.35                                 |  | 272819.51                       | 4.                              | 5953.67                        |     | Walters Garden    |  |  |
| NJ  | 809-98                    | 3-602             | 113208.46                  | 11056.38                                |  | 254957.99                       | 4.                              | 5397.87                        |     | Alexander Valleys |  |  |

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

