REISSUE				Safe, Accurate, Visit the IRS Website							
STATEMEN	T 43	21-96-0309	OMB N	o. 1545-0	DOB FAST!	Use		'file	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld			
63-2266	3451			200463.41				28077.06			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Olson LLC and Sons				250675.08				19176.64			
76576 Gonzales Shoals Apt. 908				5 Medicare wages and tips				6 Medicare tax withheld			
Joechester WY 98250-1712				216068.87				6266.0			
Joechester wi 90230-1712				7 Social security tips				8 Allocated tips			
				250675.08				216068.87			
d Control number				9 /	Advance EIC paymer	t		10 Depen	dent care be	enefits	
8837941								194			
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12			
Tour Library Tours				129				9960			
Jonathan Evans				13 Statutory Retirement Third-party employee plan sick pay				12b	i		
7225 Jeffrey Plaza				employee plan sick pay				D 956			
Sharonside OR 00732-5615				Other (see enclosed Notice to Employee)			yee)	12c	1		
								P 370			
								12d			
									180		
f Employee's address a	nd ZIP code								Į.		
15 State Employer's	state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, ti	os, etc.	19 Lc	ocal income ta	<	20 Locality name	
CT 18	86-45-810	109689.65	7936.04		248080.7	2	346	652.27		David Turnpike	
MO 24	14-37-384	92527.9	12477.85		148300.3	0	210	244.2		Warra Damba	
PIO 24	14-3/-304	34341.3	124/1.65		140300.3	0	212	244.2		Horn Parks	

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.

	CLIOOOLD	a Employee's soci	al security number 21-96-0309	OMB N	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 421-96-0309 OMB No Employer identification number			this income is taxable and you fail to Wages, tips, other compensation				co report it. 2 Federal income tax withheld			
63-2266451				200463.41			28077.06				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Olson LLC and Sons				250675.08			19176.64				
76576 Gonzales Shoals Apt. 908 Joechester WY 98250-1712				5 Medicare wages and tips			6 Medicare tax withheld				
				216068.87				6266.0			
				7 Social security tips			8 Allocated tips				
				250675.08			216068.87 10 Dependent care benefits				
d Control number				9	Advance EIC payment		10	Depend	194	enetits	
	8837941 e Employee's first name and initial Last name				11 Nonqualified plans			194 12a See instructions for box 12			
e Employee's ilst hame and initial Last hame				·							
Jonathan Evans				129				9960			
	oona chan livans				13 Statutory Retirement Third-party employee plan sick pay			12b		I	
7225 Jeffrey Plaza								D	956		
	Sharonside OR 00732-5615				14 Other (see enclosed Notice to Employee)			12c		ı	
								P	370		
							12d				
							180				
f Employee's address and ZIP code									T		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.			come tax		20 Locality name
CT	186-45	0-810	109689.65	7936.04	248080.72 34		34	4652.27			David Turnpike
МО	244-37	7-384	92527.9	12477.85		148300.38	21	244	. 2		Horn Parks

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

