REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website							
STATEMENT 788-42-6169	OMB No	o. 1545-0008	FAST! Use		wfile)	at www.irs.gov/efile.			
b Employer identification number	1 Wag	es, tips, other compensa	ation	2 Federal income tax withheld					
05-3121691	9	3894.74		12128.04					
c Employer's name, address, and ZIP code	3 Socia	al security wages		4 Social security tax withheld					
Colon PLC Inc			4448.57		6460.32				
52430 Theresa River		care wages and tips		6 Medicare tax withheld					
New Thomas MS 56591-4687			19077.68		3453.25				
			al security tips		8 Allocated tips				
		4448.57		119077.68					
d Control number			nce EIC payment		10 Depen	dent care benefits			
5331239					203				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Carolyn Mclaughlin 10439 Laura Via North Krististad KY 48582-4716			218			7235			
				hird-party	12b	1			
			plan s	ick pay	D 329				
			r (see enclosed Notice to	o Employee)	12c				
					H	244			
					12d				
						787			
f Employee's address and ZIP code									
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax		Local wages, tips, etc.	-	Local income tax	20 Locality name			
MI 651-82-507 46030.79	3599.65	8	0661.41	1	6787.02	Duran Villages			
DC 039-29-608 45415.07	4887.78	1	02490.0	1:	1110.88	Duarte Pike			

Wage and Tax

Form W-2 Statement

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.

R	EISSUED	a Employee's socia	al security number		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								
ST	ATEMENT	78	88-42-6169	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>b</b> Employ	er identification number				1 Wages, tips, other compensation					2 Federal income tax withheld			
05-3121691			93894.74					12128.04					
c Employer's name, address, and ZIP code				3 Social security wages					4 Social security tax withheld				
Colon PLC Inc				84448.57					6460.32				
52430 Theresa River				5 Medicare wages and tips					6 Medicare tax withheld				
New Thomas MS 56591-4687			119077.68					3453.25					
			7 Social security tips					8 Allocated tips					
				84448.57					119077.68				
d Control number			9	Advance	EIC paymen	ţ		10	Depend	dent care b	enefits		
5331239										203			
e Employee's first name and initial Last name			11 Nonqualified plans					12a See instructions for box 12					
Carolyn Mclaughlin			218					7235					
			13 Statutory Retirement Third-party employee plan sick pay					12b		ı			
10439 Laura Via									D	329			
North Krististad KY 48582-4716			14 Other (see enclosed Notice to Employee)				yee)	12c					
							н	244					
									F	12d			
										787			
	ee's address and ZIP co		I to our in the	Lie ou i		1.0.			140				Tag I II.
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax					9 Local income tax			20 Locality name	
MI	651-82	2-507	46030.79	3599.65		80661.41 1			16	16787.02			Duran Villages
DC	039-29	9-608	45415.07	4887.78		102490.0		11	11110.88			Duarte Pike	

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

