| REISSUED a Employee's social security number | | Safe, Accurate, | IRS 🚹 | Visit the IRS Website | | | | | |
|------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------|-------------------------------------|--------------------------------|-------------------------------|----------------------------|--|--|--|
| STATEMENT 456-56-2155 | OMB No | o. 1545-0008 | FAST! Use tips, other compensation | | | at www.irs.gov/efile. | | | |
| b Employer identification number | | | | 1 | 2 Federal income tax withheld | | | | |
| 99-4893576 | 148670.26 | | | 35079.14 | | | | | |
| c Employer's name, address, and ZIP code | 3 Social security wages | | | 4 Social security tax withheld | | | | | |
| Shaw PLC Ltd | | | 113454.73 | | | 8679.29 | | | |
| 761 Mckee Mills Apt. 025 South Jennifer CO 16817-8765 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | |
| | | | 5304.28 | | 3343.82 | | | | |
| | | | ecurity tips | 8 Allocated tips | | | | | |
| | 11: | 3454.73 | | 115304.28 | | | | | |
| d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 3107483 | | | | 289 | | | | | |
| e Employee's first name and initial Last name | | 11 Nonqua | lified plans | | 12a See in | structions for box 12 | | | |
| | | | 151 | | | G 4825 | | | |
| Katie Green | | | 13 Statutory Retirement Third-party | | | 1.020 | | | |
| 60178 Karen Alley Apt. 150 | X | plan sick p | 1 - 1 | | 103 | | | | |
| Arthurside RI 68154-2932 | | 14 Other (s | see enclosed Notice to Er | mployee) | 12c | ı | | | |
| | | | | | | 805 | | | |
| | | | | | 12d | | | | |
| | | | | | G | 405 | | | |
| | | | | | G | 405 | | | |
| f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, 6 | etc. 17 State income tax | 18 L | ocal wages, tips, etc. | 19 | Local income ta | x 20 Locality name | | | |
| NE 750-60-352 67691.66 | 7191.07 | | 9538.03 | | 871.04 | | | | |
| 730 00 332 07031:00 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | , , , , , , , , | Railitez Road | | | |
| TX 980-18-083 70825.54 | 5460.23 | 14 | 7457.42 | 20 | 858.73 | Flores Stream | | | |

Wage and Tax

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.

| REISSUED | a Employee's so | cial security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | | |
|----------------------------------------------------------|-----------------|----------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------|--------------------------------|-----|------------------------|-----------|--|------------------|
| STATEMENT | 4 | 56-56-2155 | 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 | | | | | |
| 99-4893576 | | | | 148670.26 | | | 35079.14 | | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | |
| Shaw PLC Ltd | | | | 113454.73 | | | 8679.29 | | | | | |
| 761 Mckee Mills Apt. 025 South Jennifer CO 16817-8765 | | | 5 Medicare wages and tips 115304.28 | | | 6 Medicare tax withheld 3343.82 | | | | | | |
| | | | | | | | | | 7 Social security tips | | | 8 Allocated tips |
| | | | | | | | 113454.73 | | | 115304.28 | | |
| d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | | |
| 3107483 | | | | | | | | 289 | | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | | |
| Katie Green 60178 Karen Alley Apt. 150 | | | | 151 13 Statutory Retirement Third-party employee Plan Sick pay X X X X X 14 Other (see enclosed Notice to Employee) | | | G 4825 | | | | | |
| | | | | | | | | 103 | | | | |
| Arthurside RI 68154-2932 | | | 12c | | | | | | | | | |
| | | | н 805 | | | | | | | | | |
| | | | | | | | 12d | | | | | |
| | | | | | | | G | 405 | | | | |
| f Employee's address and ZI | | | • | | | | | | | | | |
| 5 State Employer's state | | 16 State wages, tips, etc. | 17 State income tax | | 3,,,., | | Local income tax | | 20 Locality name | | | |
| NE 750- | -60-352 | 67691.66 | 7191.07 | | 119538.03 | 25 | 871.04 | | Ramirez Road | | | |
| TX 980- | -18-083 | 70825.54 | 5460.23 | | 147457.42 | 20 | 858.73 | | Flores Stream | | | |

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

