REISSUED	EISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website				
STATEMENT	3'	73-51-9830	OMB N	lo. 1545-00	008 FAST!	Use	G~II		at www.i	rs.gov/efile.		
b Employer identification n	ımber			1 V	1 Wages, tips, other compensation				Federal income tax withheld			
75-86807	'11				246489.75				50920.83			
c Employer's name, addres	ss, and ZIP code			3 8	3 Social security wages				4 Social security tax withheld			
Tucker-Cooper PLC					292911.59				22407.74			
81938 Tina Unions Apt. 613 Salazarview MN 78402-6430				5 Medicare wages and tips				6 Medicare tax withheld				
				260211.97				7546.15				
				7 Social security tips				8 Allocated tips				
				292911.59				260211.97				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
121798									136			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
Justin Willis				156				E 9279				
				13 Statutory Retirement Third-party employee plan sick pay					i			
7309 Evans Avenue Suite 064				X		н	115					
Port Edwardland SC 11734-4979				14 Other (see enclosed Notice to Employee)					i I			
									918			
								12d				
									223			
f Employee's address and ZIP code								1				
15 State Employer's sta	te ID number	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tip	s, etc.	19 Local inc	come tax		20 Locality name		
MD 410)-44-279	128605.89	13864.31		266309.0 2		28976	8976.02		Rodriguez Ports		
ND 703	3-35-039	114884.22	9866.36		226856.1	9	28730	. 84		Joshua Center		

Wage and Tax

Form W-2 Statement

5010

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	REISSUED	a Employee's socia	Il security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	TATEMENT	37	73-51-9830	OMB No	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			
75-8680711				246489.75				50920.83				
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld				
Tucker-Cooper PLC				292911.59				22407.74				
81938 Tina Unions Apt. 613				5 Medicare wages and tips				6 Medicare tax withheld				
					260211.97				7546.15			
Salazarview MN 78402-6430				7 Social security tips				8 Allocated tips				
				292911.59				260211.97				
d Control number				9 Advance EIC payment				10 Dependent care benefits				
	121798								136			
e Employ	e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12				
To a 1 2 a				156				E 9279				
	Justin Willis				13 Statutory Retirement Third-party employee plan sick pay				12b			
7309 Evans Avenue Suite 064					X Sick pay				H	н 115		
	Port Edwardland SC 11734-4979				14 Other (see enclosed Notice to Employee)				12c	1		
	1010 14.141414 20 11.01 15.5							P	P 918			
							12d					
									223			
f Employee's address and ZIP code				T								
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.7,1,7,			9 Local income tax		20 Locality name	
MD	410-44	-279	128605.89	13864.31		266309.0 2		289	28976.02		Rodriguez Ports	
ND	703-35	-039	114884.22	9866.36		226856	.19	287	30.84		Joshua Center	

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

