REISSUED a	Employee's social security number		Safe, Accurate,				Visit the IRS Website				
STATEMENT	529-88-0656	OMB N	o. 1545-00	08 FAST! Use		√file >	at www.irs.gov/efile.				
b Employer identification number			1 V	1 Wages, tips, other compensation			Federal income tax withheld				
39-4686912				145581.2		15964.5					
c Employer's name, address, and ZIP	code	•	3 S	ocial security wages		4 Social security tax withheld					
Bender Ltd PLC				168789.94		12912.43					
5112 Erik Fork			5 N	edicare wages and tips		6 Medicare tax withheld					
Ericaside WA 34534-9663				164912.79		4782.47					
			7 S	ocial security tips		8 Allocated tips					
				168789.94			164912.79				
d Control number			9 A	dvance EIC payment		10 Depend	dent care benefits				
1835123						283					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Jacqueline Brown			244			н 9043					
			13 Statut emplo		-party	12b					
79642 Olivia Drives			empic	yee plan sick	Jay		701				
Sullivanberg KY 50024-3912			14 C	ther (see enclosed Notice to E	mployee)	12c	1				
						P	569				
						12d					
						E	114				
f Employee's address and ZIP code							114				
15 State Employer's state ID numb	per 16 State wages, tips, etc.	17 State income tax	ļ	18 Local wages, tips, etc.	19	Local income tax	20 Locality name				
TX 625-85-	839 78000.24	6085.36		168963.07	28	336.13	Stokes Court				
ME 227-87-	698 76851.8	7891.7		158095.19	18	871.51	Lauren Rest				

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.

RI	EISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required								
ST	ATEMENT	52	29-88-0656	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				Wages, tips, other compensation				2 Federal income tax withheld					
39-4686912					145581.2				15964.5				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Bender Ltd PLC					168789.94				12912.43				
5112 Erik Fork					5 Medicare wages and tips				6 Medicare tax withheld				
Ericaside WA 34534-9663				164912.79				4782.47					
				7 Social security tips				8 Allocated tips					
					168789.94				164912.79				
d Control number					9 Advance EIC payment				10 Dependent care benefits				
1835123								283					
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12						
Jacqueline Brown			244				н 9043						
			13 State	*	ement Third-party		12b		1				
79642 Olivia Drives			emp	loyee plan	sick pay				701				
Sullivanberg KY 50024-3912				14	Other (see enclo	sed Notice to Employ	yee)	12c		i			
Sullivanisely Ri 30024 3312								P	569				
						ŀ	12d		000				
								_					
									E	114			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax				18 Local wag	os tins oto	10.1	ocal inc	ome tax		20 Locality	nama		
			5			ı .						1	
TX	625-85	0-839	78000.24	6085.36		168963.07 2		28	28336.13			Stokes	Court
ME	227-87	7-698	76851.8	7891.7		158095	.19	18	871	. 51		Lauren	Rest

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

