	14/ T .	1=000.0.0.	100.20					Daram Traini			
KY	099-18-324	109379.34	4408.18		229157.68	3!	5330.52	Duran Plains			
IA	495-52-963	114222.81	4431.69		255791.04	30	0200.25	Kara Square			
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	-	Local income tax	20 Locality name			
	ree's address and ZIP code		_								
								563			
							12d	I			
							40.1	344			
East Katie HI 90957-0183					14 Other (see enclosed Notice to Employee)			1			
	_	X X X X 14 Other (see enclosed Notice to Employee)			E 822						
Stephanie Garcia 057 Laura Underpass Apt. 736					employee plan sick pay			822			
					13 Statutory Retirement Third-party			H 4520			
					141						
4565923 e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
d Control number					9 Advance EIC payment			10 Dependent care benefits 255			
					159059.75			174931.21			
15885 Sean Pine Rebeccaville MO 04643-8082					ocial security tips		8 Allocate				
					174931.21		5073.01				
					edicare wages and tips		6 Medica	6 Medicare tax withheld			
Turner LLC PLC					159059.75			12168.07			
<b>c</b> Employe	rer's name, address, and ZIP code	3 Social security wages			4 Social security tax withheld						
4	42-2034476				220583.46		6153	3.52			
	rer identification number			1 V	ages, tips, other compensa	ation	2 Federa	al income tax withheld			
	EISSUED   a cimployees	493-38-6907	OMB N	o. 1545-00	•	IRS C	~file	at www.irs.gov/efile.			
RI	EISSUED a Employee's	social security number			Safe, Accura	ite,		Visit the IRS Website			

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.

REISSUED	a Employee's socia	al security number			This information is being furn												
STATEMENT	493-38-6907  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.								imposed on you if								
b Employer identification number					Wages, tips, other compensation			2 Federal income tax withheld									
42-2034476					220583.46			61533.52									
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld									
Turner LLC PLC 15885 Sean Pine Rebeccaville MO 04643-8082					159059.75 5 Medicare wages and tips 174931.21 7 Social security tips			12168.07									
								6 Medicare tax withheld 5073.01 8 Allocated tips									
												159059.75			174931.21		
												d Control number					9 Advance EIC payment
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e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12									
Stephanie Garcia				141 13 Statutory Retirement Third-party			H 4520										
057 Laura Underpass Apt. 736 East Katie HI 90957-0183					employee plan sick pay  X  X  14 Other (see enclosed Notice to Employee)			E 822									
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								344									
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								563									
f Employee's address and ZIP c 5 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loca	l income tax	,	20 Locality name								
	2-963	114222.81	4431.69		255791.04		0.25	`	Kara Square								
KY 099-1	8-324	109379.34	4408.18		229157.68	0-00	0.52		Duran Plain								

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

