R	EISSUED a Employee's social security number				Safe, Accurate, WB No. 1545-0008 FAST! Use Visit the IRS Website at www.irs.gov/efile									
ST	STATEMENT 342-31-7649 OME					08 FAST	! Use	G ~1	116	at www.i	rs.gov/efile.			
b Employer identification number						1 Wages, tips, other compensation				Federal income tax withheld				
27-0382574						158778.18				30947.35				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Jordan Ltd PLC						131220.25				10038.35				
5626 Emily Passage					5 N	5 Medicare wages and tips				6 Medicare tax withheld				
						137323.1				3982.37				
Nicoleport OK 77322-0745						7 Social security tips				8 Allocated tips				
						131220.25				137323.1				
d Contro	Inumber				9 A	9 Advance EIC payment				10 Dependent care benefits				
'	7744483									229				
e Employee's first name and initial Last name					11 N	11 Nonqualified plans				12a See instructions for box 12				
Tara Flores 0293 Traci Oval Suite 380 South Stephaniebury LA 88403-8						135			9145					
						13 Statutory Retirement Third-party				1				
						mployee plan sick pay X Steps Pay 14 Other (see enclosed Notice to Employee)				436				
										ĺ				
										130				
										12d				
										860				
f Employee's address and ZIP code										000				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income	tax	18 Local wages,	tips, etc.	19 Local i	ncome tax	(20 Locality name			
MN	602-82	-196	81752.37	7472.75		169145.	19	2811	L.39		Christopher Causeway			
IA	693-86	-803	81725.84	5967.14		193550.	12	25003	3.98		Gerald Club			

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.

F	REISSUED a Employee's social security number						This information is being furnished to the Internal Revenue Service. If you are required							
S	STATEMENT 342-31-7649 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on this income is taxable and you fail to report it.								e imposed on you if					
b Employer identification number					1 \	1 Wages, tips, other compensation				2 Federal income tax withheld				
	27-0382574		158778.18				30947.35							
c Emplo	yer's name, address, and	3 8	3 Social security wages				4 Social security tax withheld							
	Jordan Ltd		131220.25				10038.35							
5626 Emily Passage Nicoleport OK 77322-0745						5 Medicare wages and tips				6 Medicare tax withheld				
						137323.1				3982.37				
						7 Social security tips				8 Allocated tips				
						131220.25				137323.1				
d Control number						9 Advance EIC payment				10 Dependent care benefits				
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e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
Tara Flores						135				9145				
					13 Statu	13 Statutory Retirement Third-party				12b				
0293 Traci Oval Suite 380 South Stephaniebury LA 88403-8						employee plan sick pay				G 436				
						14 Other (see enclosed Notice to Employee)								
						14 Other (see enclosed Notice to Employee)								
											P	130		
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f Employee's address and ZIP code												•		
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income ta	ax			19 Lo	D Local income tax			20 Locality name		
MN	602-82	2-196	81752.37	7472.75		169145.19 28			281	8111.39			Christopher Causeway	
IA	693-86	5-803	81725.84	5967.14		193550.12 25			250	5003.98			Gerald Club	

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

