REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
S	TATEMENT	17	79-88-4786	OMB N	lo. 1545-000	8 FAST! U	se	*file	at www.i	rs.gov/efile.		
b Employer identification number						1 Wages, tips, other compensation			2 Federal income tax withheld			
44-3956482						236465.42			65246.66			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Jackson-Grant LLC						274085.33			20967.53			
3195 Austin Fall North Deborah WI 19121-8341						edicare wages and tips		6 Medica				
						251541.35			7294.7			
						cial security tips		8 Allocat				
						274085.33			251541.35			
d Control number						9 Advance EIC payment			10 Dependent care benefits			
7090557									221			
e Emplo	byee's first name and initial	Last name	Э		11 No	11 Nonqualified plans			12a See instructions for box 12			
Ashley Hendricks					233				1718			
						13 Statutory Retirement Third-party employee plan sick pay			12b			
92052 Sutton Inlet Suite 055				employ	x			н 997				
Chadfort TX 68948-7655								14 Ot	1			
011442020 211 00010 7000								E	470			
								12d				
									934			
f Emplo	oyee's address and ZIP cod	Δ.							934			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips,	etc. 1	9 Local income ta	х	20 Locality name		
MD	707-57	-592	113906.79	6217.29		281485.98	4	14184.41		Thomas Knoll		
MD	716-51	-885	107661.12	6561.12		203787.71	2	25658.3		Adam River		
Wage and Tax						Department of the TreasuryInternal Revenue Service						
Form W.	2 Statem	ent										

Statement Form W-2

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									
S	TATEMENT	179-88-4786	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 Emplo	oyer identification number		1 Wages, tips, other compensation			Federal income tax withheld				
44-3956482					236465.42			65246.66		
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
Jackson-Grant LLC					274085.33			20967.53		
3195 Austin Fall					5 Medicare wages and tips 251541.35			6 Medicare tax withheld 7294.7		
			274085.33			251541.35				
d Contro	ol number			9 Advance EIC payment			10 Dependent care benefits			
	7090557						221			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12		
	Ashley He	233 13 Statutory Retirement Third-party			1718					
	92052 Sutton Inlet Suite 055				employee plan sick pay			н 997		
Chadfort TX 68948-7655					14 Other (see enclosed Notice to Employee)			12c		
								E 470		
				İ		ŀ	12d	1		
					934					
	oyee's address and ZIP code	140 000	17 State income tax	<u> </u>	140 Landau Parada	140 1	ocal income ta		100 1	
15 State	Employer's state ID number	9			18 Local wages, tips, etc.			(20 Locality name	
MD	707-57-5	592 113906.79	6217.29		281485.98 4		14184.41		Thomas Knoll	
MD	716-51-8	385 107661.12	6561.12		203787.71 25		25658.3		Adam River	

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

