REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					
STATEMENT 178-90-8323	OMB No. 1545	-0008 FAST! Use	at www.irs.gov/efile.				
b Employer identification number	1	Wages, tips, other compensation	Federal income tax withheld				
66-7224128		113965.32	40203.66				
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax withheld				
Strickland LLC Ltd		110642.3	8464.14				
7674 Simpson Courts Suite 780	5	Medicare wages and tips	6 Medicare tax withheld				
North Elizabeth MT 69968-9589		102110.46	2961.2				
NOTCH Elizabeth MT 69966-9569	7	Social security tips	8 Allocated tips				
		110642.3	102110.46				
d Control number	9	Advance EIC payment	10 Dependent care benefits				
521727			278				
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions for box 12				
		198	н 7099				
Angela Ellison		tatutory Retirement Third-party	12b				
26935 Dawson Corners	e	nployee plan sick pay	608				
Williamland WV 51516-4645	14	Other (see enclosed Notice to Employ	/ee) 12c				
			D 703				
			12d				
			G 256				
f Employee's address and ZIP code							
1 - 7	17 State income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name				
KS 299-22-713 57061.15	6328.84	83589.64 13736.97 R					
GA 230-39-796 51811.68	4724.32	111080.19	14144.97 Hill Plaza				

Wage and Tax Statement

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 so	cial security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	1	.78-90-8323	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				1 Wages, tips, other compensation			2 Federal income tax withheld					
66-7224128				113965.32			40203.66					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Strickland LLC Ltd				110642.3			8464.14					
7674 Simpson Courts Suite 780				5 Medicare wages and tips 102110.46			6 Medicare tax withheld 2961.2					
North Elizabeth MT 69968-9589												
			7 Social security tips			8 Allocated tips						
				110642.3			102110.46					
d Control number			9 Advance EIC payment			10 Dependent care benefits						
521727							278					
e Employee's first name and initial Last name				11 Nonqualified plans 12a See instructions for b			for box 12					
Angela Ellison			198			н 7099						
			13 State		1	I2b						
26935 Dawson Corners			emp	loyee plan sick pay			608					
Williamland WV 51516-4645				14	Other (see enclosed Notice to Employe	ee) 1	12c					
						D	703					
							1	12d				
								_	056			
								G	256			
f Emplo 15 State	eyee's address and ZIP coo Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10 1 00	al income tax		20 Locality name		
			9			10 = 200 mag 20, mp 2, 0101				•		
KS	299-22	2-/13	57061.15	6328.84		83589.64 1		13736.97		Ryan Corners		
GA	230-39	9-796	51811.68	4724.32		111080.19 1		14144.97		Hill Plaza		

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

