REISSUED a Employee's social	REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Web					
STATEMENT 61	.4-86-1275	OMB No. 1545-0	0008 FAST! Use	*E-file	at www.irs.gov/efile.			
b Employer identification number		1	Wages, tips, other compensation	2 Fede	eral income tax withheld			
61-8595260			206299.98	713	77.83			
c Employer's name, address, and ZIP code		3	Social security wages	4 Soci	4 Social security tax withheld			
Elliott LLC PLC			187938.57	143	14377.3			
629 David Trace Apt. 972			Medicare wages and tips	6 Med	6 Medicare tax withheld			
_			233955.73		6784.72			
West Christophertown	AZ 51648-	7	Social security tips	8 Alloc	cated tips			
			187938.57		233955.73			
d Control number		9	Advance EIC payment	10 Dep	endent care benefits			
2240448					239			
e Employee's first name and initial Last name		11	Nonqualified plans	12a See	instructions for box 12			
Jennifer Jefferson			217	P	P 9666			
			tutory Retirement Third-party	12b	1			
79959 Newton Forges			plan sick pay	E	836			
Amberchester NE 76598-4103			Other (see enclosed Notice to Employ	yee) 12c				
Amberchester NE 70390-4103				G	795			
				12d				
				G	529			
f Employee's address and ZIP code 15 State Employee's state ID number	40 Otata	e income tax	140 Landingers time at	19 Local income	tax 20 Locality name			
, ,,, , , , , , , , , , , , , , , , , ,	3, , , .,		18 Local wages, tips, etc.		_ ,			
OK 320-74-117	94035.3 4953	L.45	150072.6	22807.0	6 Craig Brook			
PA 472-14-238	108819.57 5409	5.12	205735.83	27962.8	2 Anderson Viaduct			

Wage and Tax

5070 **Statement** Form W-2

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 furnis	hed to the Ir	nternal Re	venue Serv	ice. If you are	required	
		14-86-1275	OM	OMP No. 1545 0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
STATEMENT 614-86-1275 OMB No b Employer identification number					this income is taxable and you fail to report it.						
61-8595260				206299.98			71377.83				
					_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. = =			
c Employer's name, address, and ZIP code			3 8				4 Social security tax withheld				
Elliott LLC PLC				187938.57			14377.3				
629 David Trace Apt. 972 West Christophertown AZ 51648-4			5 N	5 Medicare wages and tips			6 Medicare tax withheld				
				233955.73			6784.72				
			7 S	7 Social security tips			8 Allocated tips				
					187938.57			233955.73			
d Control number			9 A	9 Advance EIC payment			10 Dependent care benefits				
2240448								239			
e Employee's first name and initial Last name			11 N	11 Nonqualified plans 12a See instructions for box 12				for box 12			
Jennifer Jefferson				217			P 9666				
			13 Statu		12b		3000				
			emple			_					
79959 Newton Forges				X		E	836				
Amberchester NE 76598-4103			14 (other (see enclosed Notice to Employ	yee) 12c		1				
12.000000000000000000000000000000000000							G	795			
					12d		1.33				
								1			
							G	529			
f Employee's address and ZIP of											
15 State Employer's state ID		16 State wages, tips, etc.	17 State income	tax	3.7,7,7,		Local income tax		20 Locality	name	
OK 320-7	4-117	94035.3	4951.45		150072.6 22		2807.06		Craig 1	Brook	
						T					
PA 472-1	4-238	108819.57	5405.12		205735.83	2796	2.82		Anderson	Viaduct	

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

