REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT	7:	L5-03-3102	OMB N	o. 1545-00	008 FAST! U	se		at www.	rs.gov/efile.		
b Employer identification number				1 V	Vages, tips, other comp	ensation	2 F	2 Federal income tax withheld			
41-5032355					123469.96		43	43374.4			
c Employer's name, addres	s, and ZIP code			3 Social security wages			4 Social security tax withheld				
Jackson-Henry PLC				121067.49			92	9261.66			
9383 Jamie Isle Apt. 257				5 N	Medicare wages and tip		6 N				
West Samantha NH 84723-3826					104527.94			3031.31			
west samantha NH 84/23-3826				7 Social security tips			8 A	8 Allocated tips			
					121067.49			104527.94			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
7328042								290			
e Employee's first name and initial Last name				11 Nonqualified plans			12a S	12a See instructions for box 12			
Potter Polland				204			8668				
Patty Ballard					tory Retirement oyee plan	Third-party sick pay	12b	i			
442 Willis Forks Suite 029				omp.	x	Sion Pay		н 173			
North Carlosmouth WA 36246-8338					Other (see enclosed No	tice to Employee) 12c	1			
50210 6550								н 158			
						12d	12d				
								964			
f Employee's address and	IP code										
15 State Employer's star	e ID number	16 State wages, tips, etc.	17 State income tax	-	18 Local wages, tips,	etc. 19	9 Local inco	me tax	20 Locality name		
ME 002	-34-791	62902.68	7621.8		109741.3	2	3319.	7	Christina Shoal		
WV 189	-82-376	64677.96	5085.14		146929.74	1	7693.	47	Rivera Burg		

Wage and Tax Statement

Form W-2

5070

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	7:	15-03-3102	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				Federal income tax withheld			
41-5032355				123469.96				43374.4			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Jackson-Henry PLC				121067.49				9261.66			
9383 Jamie Isle Apt. 257				5 Medicare wages and tips				6 Medicare tax withheld			
				104527.94				3031.31			
West Samantha NH 84723-3826					7 Social security tips				8 Allocated tips		
				121067.49				104527.94			
d Contro	d Control number				9 Advance EIC payment				10 Dependent care benefits		
	7328042									290	
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12			
Patty Ballard				204				8668			
	raccy barrard				13 Sta	utory Retirement ployee plan	Third-party sick pay		12b	1	
442 Willis Forks Suite 029					х			H	173		
North Carlosmouth WA 36246-8338				14	Other (see enclosed No	tice to Employ	yee)	12c	ı		
	1102011 0022001110 0011 1111 00210 0000								н	158	
							F	12d			
									964		
f Employee's address and ZIP code					T					T	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	, etc.		ocal income to	ix	20 Locality name
ME	002-34	1-791	62902.68	7621.8		109741.3 2		23	23319.7		Christina Shoal
wv	189-82	2-376	64677.96	5085.14		146929.74	ļ	17	693.47		Rivera Burg

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

