Form W-2	Wage a			501			Departm	ent of	the Treasu	ıryIntern	al Revenue Service		
NE	332-39-	332-39-130 85507.5 2813.		2813.98	8 14700		7007.02		65.8	Jeffrey Overpass			
IN	334-66-	-133	91404.6	3545.17	1	151734.04		202	25.4		Dylan Shoals		
15 State	Employer's state ID num	ber	16 State wages, tips, etc.	17 State income tax	1	18 Local wages, tips	, etc.	19 Loc	cal income ta	х	20 Locality name		
f Employ	yee's address and ZIP code								12d H	237			
Barnesberg MO 07932-2163				The state (see states a 2p.eyes)					423				
Christine Holland 8596 Robert Dale Apt. 510					X employe	plan X ner (see enclosed No	sick pay X tice to Employe	ee) 1	12c	647			
				198 13 Statutory Retirement Third-party				E					
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
3274111										156			
d Control number				9 Adv	9 Advance EIC payment			10 Dependent care benefits					
					1	146729.72	!			1320	94.71		
Jessicaport RI 85544-8737					7 Social security tips				8 Allocated tips				
63429 Gonzales Fords					5 Medicare wages and tips 132094.71				6 Medicare tax withheld 3830.75				
Wilkins LLC LLC					146729.72				11224.82				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
37-2871807					1	167035.85				27278.5			
b Employer identification number				1 Wa	1 Wages, tips, other compensation				2 Federal income tax withheld				
	TATEMENT	8	63-91-2325	OMB N	lo. 1545-0008	FAST! U	se TRS	9 ~	file :	at www.	rs.gov/efile.		
REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website									

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.

REISSUED	REISSUED a Employee's social security number			This information is being furnished to the Internal Revenue Service.								
STATEMENT	STATEMENT 863-91-2325			OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you this income is taxable and you fail to report it.								
b Employer identification number				1 \	Wages, tips, other co	ompensation	2	Federa	Il income tax	withheld		
37-2871807					167035.85			27278.5				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Wilkins LLC LLC					146729.72			11224.82				
63429 Gonzales Fords					5 Medicare wages and tips			6 Medicare tax withheld				
Toggiganort	Tanai aanant DI OFFAA 0727					132094.71			3830.75			
Jessicaport	KI	85544-8737		7 Social security tips			8	8 Allocated tips				
					146729.72			132094.71				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
3274111									156			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
					198			E 9445				
Christine Holland				13 Statutory Retirement Third-party employee plan sick pay			12b		i			
8596 Robert Dale Apt. 510				X X X				647				
Barnesberg	MO	07932-2163		14 (Other (see enclosed	Notice to Employ	/ee) 12c		1			
Bainesberg Mo 0/932-2103								423				
									12d			
								н	237			
f Employee's address and ZIP cod	_							-11	231			
15 State Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	l	18 Local wages, t	ips, etc.	19 Local in	come tax	(20 Locality name		
IN 334-66	-133	91404.6	3545.17		151734.0)4	20225	. 4		Dylan Shoals		
NE 332-39	-130	85507.5	2813.98		147007.0)2	27965	.8		Jeffrey Overpass		

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

