REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website							
STATEMENT 692-44-9279	OMB No	o. 1545-0008	FAST! Use			at www.ii	rs.gov/efile.		
<b>b</b> Employer identification number		1 Wa	iges, tips, other compens	sation	2 Federa	l income tax	withheld		
20-0867613			73630.51			14313.63			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Obrien-Bailey LLC			83843.67			6414.04			
656 Kenneth Fall Suite 306 New Jesus MO 79476-1172			5 Medicare wages and tips			6 Medicare tax withheld			
			72778.11		2110.57				
New Jesus MO /94/0-11/2			7 Social security tips			8 Allocated tips			
			83843.67			72778.11			
d Control number			9 Advance EIC payment			10 Dependent care benefits			
522340						291			
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12				
Chelsea Christian		141			E 5879				
		13 Statutory Retirement Third-party employee plan sick pay			12b	1			
04534 William Extensions Apt. 285			X	X		804			
Murrayborough KY 24587-2131			ner (see enclosed Notice	to Employee)	12c	ı			
					G	750			
					12d				
					G	840			
f Employee's address and ZIP code									
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	1	18 Local wages, tips, etc	:. 19	Local income tax	(	20 Locality name		
WY 724-15-516 36046.13	2808.24	į	57035.22	7	744.23		Curtis Squares		
WA 834-24-999 34069.06	2086.44	8	34712.24	1	1395.95		Joshua Port		

Wage and Tax

Form W-2 Statement

5010

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.

REISSU	IFD a Employ	yee's social security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEN	,	692-44-9279	OMB N	OMP No. 1545 0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if						
b Employer identifie		032 11 3273		this income is taxable and you fail to report it.  1 Wages, tips, other compensation 2 Federal income tax withheld					withheld	
20-0867613			73630.51			14313.63				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Obrien-Bailey LLC			83843.67			6414.04				
656 Kenneth Fall Suite 306 New Jesus MO 79476-1172			5 Medicare wages and tips			6 Medicare tax withheld				
			72778.11			2110.57				
			7 Social security tips			8 Allocated tips				
			83843.67			72778.11				
d Control number			9 Advance EIC payment			10 Dependent care benefits				
52234	40							291		
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12					
Chelsea Christian			141			E 5879				
			13 Statu	tory Retirement Third-party		12b				
04534 William Extensions Apt. 285			empi	oyee plan sick pay			804			
Murrayborough KY 24587-2131			14 (	Other (see enclosed Notice to Employ	ree)	12c	1			
						G	750			
					12d					
							124			
							G	840		
f Employee's addre										
	yer's state ID number	16 State wages, tips, etc.	17 State income tax		3.7,1,1,1		9 Local income tax		20 Locality name	
WY	724-15-516	36046.13	2808.24		57035.22	77	44.23		Curtis Squares	
WA	834-24-999	34069.06	2086.44		84712.24	11	.395.95		Joshua Port	

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

