REISSUED a Employee's social sec	•			Safe, Accur	ate,	A SHO	Visit the	IRS Website		
STATEMENT 568-	-20-8440	OMB No	. 1545-00	08 FAST! Use		** file	at www.i	rs.gov/efile.		
b Employer identification number			1 V	Vages, tips, other compen	sation	2 Feder	al income tax	c withheld		
81-3167870			53910.82			16641.16				
c Employer's name, address, and ZIP code			3 S	ocial security wages		4 Socia	l security tax	withheld		
Hicks LLC Inc				65119.26		4981	4981.62			
008 Jones Loaf			5 N	Medicare wages and tips		6 Medicare tax withheld				
East Trevor WA 18753-6679				48078.3		1394.27				
			7 Social security tips			8 Allocated tips				
				65119.26			4807			
d Control number			9 A	dvance EIC payment		10 Depe	ndent care be	enefits		
6524731							231			
e Employee's first name and initial Last name			11 N	lonqualified plans		12a See i	nstructions t	for box 12		
John Barnes 566 Durham Island Amandastad UT 42185-0689			207			E 4087				
			13 Statutory Retirement Third-party sick pay X 14 Other (see enclosed Notice to Employee)			12b				
						G	190	190		
) 12c	ı			
						E	369			
						12d	12d			
							451			
f Employee's address and ZIP code							1			
1.7	State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc	c. 19	9 Local income to	ах	20 Locality name		
SC 054-58-220 29	9094.78	2027.47	54480.1 8610.		8610.45	.45 Allen Br				
IN 342-58-192 28	8243.28	1722.2		69819.44	1	.0640.88	1	Bridges Spur		

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

5070

Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

REISSUED	a Employee's soc	cial security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
STATEMENT	5	68-20-8440	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld				
81-3167870			53910.82			16641.16				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Hicks LLC Inc			65119.26			4981.62				
008 Jones Loaf East Trevor WA 18753-6679			5 Medicare wages and tips 48078.3			6 Medicare tax withheld 1394.27				
										7 Social security tips
							65119.26			48078.3
d Control number			9 Advance EIC payment			10 Dependent care benefits				
6524731									231	
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
John Barnes			207			E 4087				
			13 Statutory Retirement Third-party employee plan sick pay			12b				
566 Durham Island			Sick pay				G 190			
Amandastad UT 42185-0689			14 Other (see enclosed Notice to Employee)			12c				
							E	369		
						12d				
							451			
f Employee's address and ZIF		10.000	147 00-1-1-1-1		140 Landon Caract	140	12			00 1
15 State Employer's state I		16 State wages, tips, etc.	17 State income tax		10 =010 Hagor, npc, 110		9 Local income tax			20 Locality name
SC 054-	58-220	29094.78	2027.47		54480.1		610.45			Allen Branch
IN 342-	58-192	28243.28	1722.2		69819.44 1		10640.88			Bridges Spur

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

