REIS	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATE	EMENT 16	59-52-6488	OMB N	o. 1545-0	008 FAST!	Use	G	file	at www.i	rs.gov/efile.	
b Employer iden	ntification number		•	1 Wages, tips, other compensation				2 Federal income tax withheld			
77-	9682407			230203.76				73404.12			
c Employer's na	ame, address, and ZIP code			3 Social security wages				4 Social security tax withheld			
Sanders PLC Ltd				291176.33				22274.99			
7029 Bolton Fort Apt. 562 Collinsland MS 11287-7551				5 Medicare wages and tips				6 Medicare tax withheld			
				259916.37				7537.57			
Collinsiand MS 11287-7551				7 Social security tips				8 Allocated tips			
				291176.33				259916.37			
d Control number				9 Advance EIC payment			1	10 Dependent care benefits			
3606032								178			
e Employee's first name and initial Last name				11 Nonqualified plans			1	12a See instructions for box 12			
Kimberly White				225				E 4743			
				13 Statutory Retirement Third-party employee plan sick pay			1	12b	i		
90783 Hannah Lodge Suite 159 West Christina CA 98388-2173				14 Other (see enclosed Notice to Employee)					402		
							yee) 1	12c			
								G	712		
			-				12d				
									l		
									577		
f Employee's address and ZIP code				T					T		
l '	ployer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, ti	•		cal income tax		20 Locality name	
ND	475-22-528	106034.01	11110.57		279732.4	8	339	81.29		Wilson Islands	
TN	319-70-876	115376.76	11401.29		231521.6	1	295	77.79		Courtney Trail	

Wage and Tax Statement 5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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 socia	al 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						
S	TATEMENT	16	59-52-6488	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 Emplo	b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
77-9682407				230203.76			73404.12				
c Emplo	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Sanders PLC Ltd				291176.33			22274.99				
7029 Bolton Fort Apt. 562				5 Medicare wages and tips			6 Medicare tax withheld				
				259916.37			7537.57				
'	Collinsland MS 11287-7551				7 Social security tips			8 Allocated tips			
				291176.33			259916.37				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	3606032							178			
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
	Kimberly White			225 13 Statutory Retirement Third-party			E 4743				
				employee plan sick pay			120				
	90783 Hannah Lodge Suite 159								402		
West Christina CA 98388-2173				14 Other (see enclosed Notice to Employee)			12c				
							G	712			
								12d			
								577			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					I do l'acclument dina etc	40	ocal income tax		20		
15 State	Employer's state ID no		16 State wages, tips, etc.			18 Local wages, tips, etc.			(20 Locality name	
ND	475-22	2-528	106034.01	11110.57		279732.48	33	981.29		Wilson Islands	
TN	319-70	-876	115376.76	11401.29		231521.61	29	577.79		Courtney Trail	

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

