| REISSUED a Employee's social security number                            |                     |             | Safe, Acc  | urate,   |              |                                 | sit the IRS Website     |  |  |  |
|---|---------------------|-------------|--|----------|--------------|---------------------------------|-------------------------|--|--|--|
| STATEMENT 405-68-2971   | OMB No.             | . 1545-0008 | FAST! Us   | se 🔍     | <i>-</i>     | e at                            | www.irs.gov/efile.      |  |  |  |
| <b>b</b> Employer identification number                                 |                     | 1 Wa        | ges, tips, other comp                                      | ensation | 2            | Federal inc                     | ome tax withheld        |  |  |  |
| 26-9773450  |                     |             | 225005.25  |          |              |                                 | 63889.65                |  |  |  |
| c Employer's name, address, and ZIP code                                |                     |             | 3 Social security wages                                    |          |              | 4 Social security tax withheld  |                         |  |  |  |
| Duncan-Diaz LLC   |                     |             | 237412.01  |          |              | 18162.02                        |                         |  |  |  |
| 96544 Keith Neck Apt. 518<br>Stevenburgh KS 57500-4556                  |                     |             | 5 Medicare wages and tips                                  |          |              |                                 | 6 Medicare tax withheld |  |  |  |
|   |                     |             | 239445.59  |          |              |                                 | 6943.92                 |  |  |  |
|   |                     |             | 7 Social security tips                                     |          |              |                                 | 8 Allocated tips        |  |  |  |
|   |                     |             | 237412.01  |          |              |                                 | 39445.59                |  |  |  |
| d Control number  |                     |             | 9 Advance EIC payment                                      |          |              | 10 Dependent care benefits      |                         |  |  |  |
| 8316857   |                     |             |  |          |              |                                 | 03                      |  |  |  |
| e Employee's first name and initial Last name                           |                     |             | 11 Nonqualified plans                                      |          |              | 12a See instructions for box 12 |                         |  |  |  |
| Megan Dixon<br>901 Estrada Views Suite 078<br>East Albert AL 03720-7132 |                     |             | 110  |          |              | 6678                            |                         |  |  |  |
|   |                     |             | 13 Statutory Retirement Third-party employee plan sick pay |          |              |                                 |                         |  |  |  |
|   |                     |             | employee plan sick pay                                     |          |              |                                 | 44                      |  |  |  |
|   |                     |             | 14 Other (see enclosed Notice to Employee)                 |          |              |                                 |                         |  |  |  |
|   |                     |             |  |          |              | 9                               | 39                      |  |  |  |
|   |                     |             |  |          | 12d          | 12d                             |                         |  |  |  |
|   |                     |             |  |          |              | D 1                             | 59                      |  |  |  |
| f Employee's address and ZIP code                                       |                     |             |  |          |              | 1                               |                         |  |  |  |
| 15 State   Employer's state ID number   16 State wages, tips, etc.      | 17 State income tax | 1           | 8 Local wages, tips,                                       | etc.     | 19 Local inc | ome tax                         | 20 Locality name        |  |  |  |
| OH 525-67-621 123595.31 1   | 13049.19            | 2           | 39390.45   |          | 40795        | . 0                             | Martha Bypass           |  |  |  |
| ОН 602-06-017 120234.2  | 12724.16            | 2           | 13183.77   | ;        | 39938        | .78                             | Sheila Glen             |  |  |  |

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.

| REISSU   | ED a Employee's s    | ocial security number      |                                     | This information is being furnished to the Internal Revenue Service. If you are required  |                                 |                                |                               |     |                  |  |  |  |
|--|----------------------|----------------------------|-------------------------------------|---|---------------------------------|--------------------------------|-------------------------------|-----|------------------|--|--|--|
| STATEM   | ENT                  | 405-68-2971                | OMB No                              | 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>b</b> Employer identification                       | ation number         |                            | •                                   | 1 Wages, tips, other compensation   |                                 |                                | 2 Federal income tax withheld |     |                  |  |  |  |
| 26-9773450   |                      |                            | 225005.25                           |   |                                 | 63889.65                       |                               |     |                  |  |  |  |
| c Employer's name, address, and ZIP code               |                      |                            | 3 Social security wages             |   |                                 | 4 Social security tax withheld |                               |     |                  |  |  |  |
| Duncan-Diaz LLC  |                      |                            | 237412.01                           |   |                                 | 18162.02                       |                               |     |                  |  |  |  |
| 96544 Keith Neck Apt. 518<br>Stevenburgh KS 57500-4556 |                      |                            | 5 Medicare wages and tips           |   |                                 | 6 Medicare tax withheld        |                               |     |                  |  |  |  |
|  |                      |                            |                                     | 239445.59   |                                 | 6943.92                        |                               |     |                  |  |  |  |
|  |                      |                            | 7 5                                 | Social security tips  | 8 Allocated tips                |                                |                               |     |                  |  |  |  |
|  |                      |                            |                                     | 237412.01   |                                 | 239445.59                      |                               |     |                  |  |  |  |
| d Control number                                       |                      |                            | 9 Advance EIC payment               |   |                                 | 10 Dependent care benefits     |                               |     |                  |  |  |  |
| 8316857  |                      |                            |                                     |   |                                 | 203                            |                               |     |                  |  |  |  |
| e Employee's first name and initial Last name          |                      | 11 Nonqualified plans      |                                     |   | 12a See instructions for box 12 |                                |                               |     |                  |  |  |  |
| Megan Dixon  |                      |                            | 110                                 |   |                                 | 6678                           |                               |     |                  |  |  |  |
|  |                      |                            | 13 Statutory Retirement Third-party |   |                                 | 12b                            |                               |     |                  |  |  |  |
| 901 Estrada Views Suite 078                            |                      |                            | emp                                 | oyee plan sick pay  |                                 | D                              | 144                           |     |                  |  |  |  |
| East Albert AL 03720-7132                              |                      |                            | 14 (                                | Other (see enclosed Notice to Employ  | ee)                             | 12c                            |                               |     |                  |  |  |  |
|  |                      |                            | 32                                  |   |                                 |                                |                               | 020 |                  |  |  |  |
|  |                      |                            |                                     |   | 939                             |                                |                               |     |                  |  |  |  |
|  |                      |                            |                                     |   |                                 |                                | 120                           |     |                  |  |  |  |
|  |                      |                            |                                     |   |                                 | D                              | 159                           |     |                  |  |  |  |
| f Employee's addre                                     |                      |                            |                                     |   |                                 | [                              |                               |     |                  |  |  |  |
| 1 ' '  | er's state ID number | 16 State wages, tips, etc. | 17 State income tax                 |   | 18 Local wages, tips, etc.      | _                              | ocal income tax               |     | 20 Locality name |  |  |  |
| ОН   | 525-67-621           | 123595.31                  | 13049.19                            |   | 239390.45                       | 40                             | 795.0                         |     | Martha Bypass    |  |  |  |
| ОН   | 602-06-017           | 120234.2                   | 12724.16                            |   | 213183.77                       | 39                             | 938.78                        |     | Sheila Glen      |  |  |  |

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

