REISSUED a Employee's social security number			Safe, Acc	urate,			Visit the IRS	Website		
STATEMENT 370-79-4137	OMB No.	1545-0008	FAST! U	se 🔍	5~ III	e	at www.irs.go	v/efile.		
b Employer identification number		1 Wag	es, tips, other comp	ensation	2	Federal	income tax withl	neld		
47-8478890			158905.68				54075.74			
c Employer's name, address, and ZIP code		3 Socia	al security wages		4	Social s	ecurity tax withh	eld		
Alexander-Gallagher PLC			136154.98				10415.86			
711 Pamela Wall Apt. 509			5 Medicare wages and tips				6 Medicare tax withheld			
North Christina IL 49597-3035			124404.27				3607.72			
North Christina IL 49597-3055			7 Social security tips			8 Allocated tips				
			36154.98				124404	. 27		
d Control number		9 Adva	ince EIC payment		10	Depend	lent care benefits	5		
8384195							253			
e Employee's first name and initial Last name		11 None	qualified plans		12a	See ins	tructions for bo	ox 12		
			289			9990				
Diane Jones 1808 Ryan Key Suite 569 Tracyberg KS 36533-3713			13 Statutory Retirement Third-party employee plan sick pay							
			14 Other (see enclosed Notice to Employee)			E	972			
						D	336			
						12d				
							520			
f Employee's address and ZIP code										
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	18	Local wages, tips,	etc.	19 Local inc	come tax	20	Locality name		
MO 867-87-844 75245.74	4549.06	1	76747.4		25132	. 7	Cu	rry Orchard		
DC 117-55-259 83408.67	6636.84	1	52562.42		17741	. 66	Han	sen Causeway		

Wage and Tax Statement

Form W-2

5070

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.

F	REISSUED	a Employee's soci	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	3.	70-79-4137	OMB N	OMB No. 1545-0008 to lile 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 Employer identification number			1 Wages, tips, other compensation				Federal income tax withheld				
47-8478890			158905.68				54075.74				
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Alexander-Gallagher PLC				136154.98				10415.86			
711 Pamela Wall Apt. 509			5 Medicare wages and tips				6 Medicare tax withheld 3607.72 8 Allocated tips				
North Christina IL 49597-3035											
d Control number				9 Advance EIC payment			10 Dependent care benefits				
8384195						253					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Diane Jones 1808 Ryan Key Suite 569 Tracyberg KS 36533-3713			289			9990					
			13 Statutory Retirement Third-party employee X X Statutory Retirement Sick pay X 14 Other (see enclosed Notice to Employee)			12b					
							E 972				
						12c					
						р 336					
						12d					
								120	1		
						520					
	yee's address and ZIP coo		Tana a a	T.= a		Trans.	1.0				Lag I III
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax				9 Local income tax			20 Locality name
MO	867-87	7-844	75245.74	4549.06		176747.4 2		25132.7			Curry Orchard
DC	117-55	5-259	83408.67	6636.84		152562.42	17	741.	66		Hansen Causeway

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

