REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website				
STATEMENT	7.	22-14-9499	OMB N	o. 1545-00	08 FAST! U	se 🔍	52211	le)	at www.ir	s.gov/efile.		
b Employer identification number				1 W	1 Wages, tips, other compensation				2 Federal income tax withheld			
98-4231835					234517.82				38891.08			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld				
Little-Montgomery LLC				165916.85				12692.64				
3905 David Brooks				5 Medicare wages and tips				6 Medicare tax withheld				
				180276.99				5228.03				
West Dylan PA 56291-4389				7 Social security tips				8 Allocated tips				
				165916.85				180276.99				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
935325								244				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
Laura Goodwin				296				9854				
				13 Statutory Retirement Third-party								
12560 Baker Via Suite 353				emplo	yee plan	sick pay		D	761			
Lake Sharonport MO 67192-4020				14 Other (see enclosed Notice to Employee)			e) 12c					
					(,	_				
								E 452				
							12d	12d				
								D	545			
f Employee's address and ZIF												
15 State Employer's state I		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips		19 Local in			20 Locality r	name	
MT 074-	19-220	113668.55	7003.8		251275.03		33566	. 95		Christopher	: Forest	
CT 995-	25-016	105684.14	5868.7		279448.56		26599	.02		Wells	Isle	

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.

R	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
ST	TATEMENT	7.	22-14-9499	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 Employer identification number				1 \	Wages, tips, other compensation	Federal income tax withheld					
98-4231835				234517.82			38891.08				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Little-Montgomery LLC				165916.85			12692.64				
3905 David Brooks				5 Medicare wages and tips			6 Medicare tax withheld				
						180276.99	5228.03				
West Dylan PA 56291-4389				7 5	Social security tips	8 Allocated tips					
					165916.85			180276.99			
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	935325								244		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Laura Goodwin				296			9854				
				13 Statu empl		,	12b	i			
12560 Baker Via Suite 353				empi	oyee plan sick pay		D	761			
	Lake Sharonport MO 67192-4020					Other (see enclosed Notice to Emplo	yee)	12c	i		
dake bharonpore no 0/132 4020							E	452			
							12d	1-0-			
								D 545			
							D 545				
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax			l	18 Local wages, tips, etc.	19	Local income ta	,	20 Locality name			
MT	074-19		113668.55	7003.8			•	, , , , , ,			
141	0/4-13		113000.33	7003.8		231273.03	33	5500.95		Christopher Forest	
CT	995-25	995-25-016 105684.14 5868.7		279448.56 26		599.02	Wells Isle				

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

