REISSUED a Emp	ployee's social security number			Safe, Accui	rate,		Visit the IRS Website			
STATEMENT	521-72-7528	OMB N	o. 1545-000	08 FAST! Use		<b>**file</b>	at www.irs.gov/efile.			
<b>b</b> Employer identification number			1 W	ages, tips, other compen	sation	2 Federa	al income tax withheld			
02-3601767				115296.32			14676.24			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Mcconnell Inc LLC			126698.46			9692.43				
63615 Robertson Trafficway			5 Medicare wages and tips			6 Medicare tax withheld				
Christineberg IA 31567-8007			141106.37			4092.08				
Christineberg IA 51567-6007			7 Social security tips			8 Allocated tips				
				126698.46			141106.37			
d Control number			<b>9</b> Ad	9 Advance EIC payment			10 Dependent care benefits			
1573876							197			
e Employee's first name and initial	Last name	·	11 No	onqualified plans		12a See in	structions for box 12			
			185			G 2858				
Mrs. Courtney			13 Statutory Retirement Third-party employee plan sick pay			12b	1			
0037 Anderson Overpass Suite 936				X	SICK Pay		288			
West Evan NH 80687-2966				14 Other (see enclosed Notice to Employee)			1			
Nese Ivan An Soot 2500						н	190			
						12d				
							433			
f Employee's address and ZIP code							133			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	<u>'</u>	18 Local wages, tips, et	c. 19	Local income ta	x 20 Locality name			
FL 247-42-12	8 57710.6	5434.03		93020.14	1:	3074.77	Gabrielle Stream			
RI 945-75-07	6 55548.36	4591.24		122725.57	1	6055.62	Melanie Passage			

Wage and Tax

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	52	21-72-7528	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				
02-3601767					115296.32			14676.24			
c Employer's name, address, and ZIP code				3	3 Social security wages			4 Social security tax withheld			
Mcconnell Inc LLC					126698.46			9692.43			
63615 Robertson Trafficway				5 Medicare wages and tips			6 Medicare tax withheld				
				141106.37			4092.08				
Christineberg IA 31567-8007			7 Social security tips			8 Allocated tips					
				126698.46			141106.37				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
1573876							197				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Mrs. Courtney			185			G 2858					
			13 Statutory Retirement Third-party employee X X Third-party sick pay X Other (see enclosed Notice to Employee)			12b					
0037 Anderson Overpass Suite 936 West Evan NH 80687-2966								288			
						12c					
Ness Evan III 00007 Esos							н	190			
							ŀ	12d			
f Employee's address and ZIP code							433				
						433					
15 State	Employer's state ID r		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	_ocal inc	ome tax		20 Locality name
FL	247-4		57710.6	5434.03		- ' '		3074.77			Gabrielle Stream
				-		<del> </del>	<del> </del> -				
RI	945-7	5-076	55548.36	4591.24		122725.57	16	055	. 62		Melanie Passage

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

