F	REISSUED a Employee's social security number			Safe, Accurate,			Visit the IRS Website					
S	<b>TATEMENT</b>	52	22-19-6385	OMB N	o. 1545-0	008 FAST! Use		~ IIIE	at www.irs	s.gov/efile.		
<b>b</b> Emplo	yer identification number				1 \	1 Wages, tips, other compensation			2 Federal income tax withheld			
	24-1315390					244846.72			30296.08			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Mccarthy-Crane Ltd					308432.51			23595.09				
39895 May Ville New Roger NC 27841-4941					5 Medicare wages and tips			6 Medicare tax withheld				
						255242.33		7402.03				
					7 3	Social security tips		8 Allocated tips				
						308432.51		255242.33				
<b>d</b> Contro	ol number				9 Advance EIC payment			10 Dependent care benefits				
	6625932							189				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					147			E 5685				
	Jose Dodson					13 Statutory Retirement Third-party			1			
86256 Scott Mountains Monicaville KY 29820-2181					mployee plan sick pay X  14 Other (see enclosed Notice to Employee)				908			
								12c				
								E	344			
				12d								
									264			
									264			
15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, et	c. 19	Local income tax	(	20 Locality name		
GA	052-56		123719.88	6548.84		215744.56	3,.			Little Pine		
				<del> </del>		<u> </u>						
LA	678-43	-806	125829.77	7094.56		226155.06	37	7724.92		Blevins Rapids		

Wage and Tax

Form W-2 Statement

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.

R	REISSUED a Employee's social security number					This information is being furnished to the Internal Revenue Service. If you are required					
ST	<b>STATEMENT</b> 522-19-6385 OMB NO.					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					Wages, tips, other compensation			Federal income tax withheld			
24-1315390					244846.72			30296.08			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Mccarthy-Crane Ltd					308432.51			23595.09			
39895 May Ville New Roger NC 27841-4941					5 Medicare wages and tips 255242.33			6 Medicare tax withheld 7402.03			
					308432.51			255242.33			
					d Contro	d Control number					9 Advance EIC payment
	6625932							189			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
	Jose Dodson				147			E 5685			
	86256 Scott Mountains					13 Statutory Retirement Third-party employee plan sick pay			1		
									908		
Monicaville KY 29820-2181					14 Other (see enclosed Notice to Employee)			12c			
								E 344			
							ŀ	12d			
									264		
f Employee's address and ZIP code						Link is a second	1.0.1			Tag i ii	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax	(	20 Locality name	
GA	052-56	-201	123719.88	6548.84		215744.56 36		86160.5		Little Pine	
LA	678-43	8-806	125829.77	7094.56	226155.06 37		37	37724.92		Blevins Rapids	

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

