INEIOOOED . ,	cial security number			Safe, Accui	rate,	A SHIO	Visit the IRS	S Website	
STATEMENT	259-79-5957	OMB N	o. 1545-00	DOS FAST! Use		** file	at www.irs.o	gov/efile.	
<b>b</b> Employer identification number		<u>.</u>	1 \	Wages, tips, other compen	sation	2 Federa	I income tax wit	thheld	
68-0385441				231779.84			39340.33		
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld		
Young-Perkins PLC				238491.85			18244.63		
03348 Parker Hills				5 Medicare wages and tips			6 Medicare tax withheld		
Consider NE OCE24 CE70				189412.8		5492.97			
Garciaside NE 06534-6570				7 Social security tips			8 Allocated tips		
				238491.85			189412.8		
d Control number			9 Advance EIC payment			10 Dependent care benefits			
6208470							223		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
			158			7490			
Jill Case			13 Statu	*	Third-party	12b	1		
08470 Miller Stream				oyee plan	x sick pay		307		
Petersmouth IN	55359-2536		14 (	Other (see enclosed Notice	to Employee)	12c	i		
Telefomoden in 33337 2330						D	513		
						12d			
						P	583		
f Employee's address and ZIP code							303		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	!	18 Local wages, tips, et	c. 19	Local income tax	( 20	Locality name	
CO 968-77-760	115619.96	6736.22		249443.3	3	1036.29	J	ustin Mission	
ND 468-92-503	105047.37	7369.36		164887.03	3	3196.73	т	ina Fort	

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.

RE	EISSUED	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					
ST	ATEMENT	2!	59-79-5957	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>b</b> Employe	er identification number				Wages, tips, other compensation			Federal income tax withheld		
68-0385441				231779.84			39340.33			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Young-Perkins PLC					238491.85			18244.63		
03348 Parker Hills				5 Medicare wages and tips			6 Medicare tax withheld			
Garciaside NE 06534-6570			189412.8			5492.97				
			7 Social security tips			8 Allocated tips				
				238491.85			189412.8			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
6208470							223			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Jill Case			158			7490				
			13 Statu			12b				
08470 Miller Stream				emp	oyee plan sick pay			307		
_				14 Other (see enclosed Notice to Employee)			12c			
Petersmouth IN 55359-2536				- ····· (····)	,,	_				
						D  513				
						12d	I			
						P	583			
	ee's address and ZIP cod								•	
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income	tax	20 Locality name
СО	968-77	7-760	115619.96	6736.22		249443.3	31	036.2	9	Justin Mission
ND	468-92	2-503	105047.37	7369.36	164887.03 33		3196.73		Tina Fort	

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

