EMPLOYER NAME				ACC	OUNTANT'S	NAM	IF.		ΔCC	30	UNT #		
		_						<u> </u>	ACC	-			
W-2 EMPLOYEE DATA													
EMPLOYER NAME	STA	TE (	CODE 1	LOC WAGES	CALITY 1			STATE CODE 2 THHOLDING	LC	OCA	ALITY 2 OTHER		
EMPLOYEE SS #	╃╌	ı ce	ROSS	WAGES		٠,	FEDERAL	THHOLDING	+	7   =	TICA TIPS		
EMIFLOTEE 33 #	_	3 =	ss				SS		_	_	LLOC TIPS		
FIRST NAME	5	_1 ≗	Medicare			4-	MEDICARE		_	_	DV EIC		
	16	ent f	State 1			17	STATE 1		10	<b>0</b> D	ependent care		
LAST NAME	18	from (	Local 1			19	LOCAL 1		11	1 N	ION QUAL S457		
	16	_ 0	State 2			_	STATE 2			_	ION QUAL		
STREET ADDRESS, APT #	18	SS	Local 2			19	LOCAL 2		B-l	Uncol	illected SS or RRTA tax o illected Medicare tax tips of group-term life insuran		
OLTY CTATE ZID	ᅪ	BOX 12 (See code:			CODE	-	MOUNT	BOX 14	D-9	Section	on 401(k) contribution on 403(b) contribution	ce over our	
CITY STATE ZIP	+-	1				_	AMOUNT DESCRIPTION				F-Section 408(k)(6) contribution G-Section 457 contribution		
TYPE OF EMPLOYEE (REGULAR - AUTOMATIC)	- 2	1				2			J-N	Nonta:	on 501(c)(18)(d) contribut exable sick pay		
	3					3			L-N	Nonta	on excess golden parachu axable part of employee b ollected SS tax on group li	ousiness expenses	
REPORTING CODE (OPTIONAL)	4	1							N-I	-Uncol	illected Medicare tax on g idible moving expense rei	group life ins.>50K	
CONTROL #									R-I	-Emplo	loyer contribution to MSA oyer salary reduction con		
TYPE OF EMPLOYEE: REGULAR	- CT/	TUT	ORY EMPI	LOVEE	DETIDEMENT	DLAN		RD PARTY SICK PAY	V-I	Incom	tion benefits ne from exercise of nonst	at stock option	
AGRICULTURE HUUSEHULL MILITARY MEDICARE QUAL KAILKOAU HUUSEHULU 944	SIA	(101	OKT EMPI	LOTEE	RETIREMENT	FLAN		RD PARTT SICK PAT	Y-I Z-I AA	Defen Incom A-Desi	loyer contribution to Heal rrals under sec 409a nono ne under sec 409(a) signated roth contrib to se signated roth contrib to se	qual def comp plan ec 401(k) plan	
	V-2	2	EM	PLO	YEE	D	AT/	4		_			
EMPLOYER NAME	_		CODE 1		CALITY 1			STATE CODE 2	LC	OC.	ALITY 2		
	0.77			WAGES	57 LETT 1			THHOLDING	T	0.0.	OTHER		
EMPLOYEE SS #	1	1 GR	ROSS			2	FEDERAL		7	7 F	ICA TIPS		
	3	3 <del>≓</del> di	SS			4	SS			<b>8</b> A	LLOC TIPS		
FIRST NAME	5	O.	Medicare			_	MEDICARE		9	9 A	DV EIC		
	16	<b>⊒</b> "	State 1			-	STATE 1		-	+	ependent care		
LAST NAME	18	om GF	Local 1			_	LOCAL 1 STATE 2		_	_	ION QUAL S457		
STREET ADDRESS, APT #		ROSS	State 2 Local 2			_	LOCAL 2				ION QUAL Illected SS or RRTA tax o	on tips	
OTREET ADDRESS, ALT #	一	BOX 12 (See codes to the right)				BOX 14			C-(	-Cost	llected Medicare tax tips of group-term life insuran	ice over 50K	
CITY STATE ZIP	+	AMOUNT CODE				AMOUNT DESCRIPTION				Section	on 401(k) contribution on 403(b) contribution on 408(k)(6) contribution		
	1	1				1				G-Section 457 contribution H-Section 501(c)(18)(d) contribution			
TYPE OF EMPLOYEE (REGULAR - AUTOMATIC)	7	2				2	!		J-Nontaxable s K-Tax on exces		axable sick pay on excess golden parachu	ute payments	
	3	3			3				L-Nontaxable part of employee business expenses M-Uncollected SS tax on group life ins. > 50K				
REPORTING CODE (OPTIONAL)		4							P-E	Exclu	ellected Medicare tax on quidible moving expense rei loyer contribution to MSA	imb. Pd. empl.	
CONTROL #  TYPE OF EMPLOYEE: REGULAR AGRICULTURE HOUSEHOLL MILITARY MEDICARE QUAL RAILROAD HOUSEHOLL 944			ORY EMPI		RETIREMENT			RD PARTY SICK PAY	S-E T-A V-I W- Y-E Z-II AA	Emplo Adopt Incom Empl Deferi Incom A-Desi	over salary reduction contion benefits ne from exercise of nonst loyer contribution to Heal trals under sec 409a nonce under sec 409(a) signated roth contrib to se signated roth contrib to se	atrib S408(p) tat stock option lth Savings Acc qual def comp plan ec 401(k) plan	
	<u>V-2</u>	2	<u>EM</u>	<u>PLO</u>	YEE	D	<u>ATA</u>	4					
EMPLOYER NAME	STA	TE (	CODE 1	LOC WAGES	CALITY 1	1		STATE CODE 2 THHOLDING	LC	OCA	ALITY 2 OTHER		
EMPLOYEE SS #	+	1 65	ROSS	WAGES		2	FEDERAL	THIOLDING	+	7 F	TICA TIPS		
LIVII LOTLE 30 #	3	₹ =	SS			_	SS		_	_	LLOC TIPS		
FIRST NAME	- 5	_1 ≘	Medicare			_	MEDICARE		-	+	DV EIC		
	16	en	State 1			_	STATE 1		4-	4	ependent care		
LAST NAME	18	from	Local 1			19	LOCAL 1		11	1 N	ION QUAL S457		
	16	S S	State 2			17	STATE 2		11	1 N	ION QUAL		
STREET ADDRESS, APT #	18	SS	Local 2			19	LOCAL 2		B-l	Uncol	llected SS or RRTA tax o llected Medicare tax tips		
		BOX 12 (See codes to the right)				BOX 14				C-Cost of group-term life insurance over 50K D-Section 401(k) contribution E-Section 403(b) contribution			
CITY STATE ZIP	4	. 1	AMOU	NT	CODE	_	MOUNT	DESCRIPTION	F-9	Section	on 408(k)(6) contribution ion 457 contribution		
TYPE OF EMPLOYEE (PEOUL AP. AUTOMATIC)	_	1				2			H-5	Section	ion 457 contribution on 501(c)(18)(d) contribut axable sick pay	tion	
TYPE OF EMPLOYEE (REGULAR - AUTOMATIC)		3				3			K-1	Tax o Nonta	on excess golden parachu axable part of employee b	ousiness expenses	
REPORTING CODE (OPTIONAL)	- 4	4			+	╆	1		M-I N-I	-Uncol	ollected SS tax on group li ellected Medicare tax on g	life ins. > 50K group life ins.>50K	
CONTROL #	一	1_			<u> </u>	_			P-E R-I	Exclu	idible moving expense rei lover contribution to MSA	imb. Pd. empl.	
TYPE OF EMPLOYEE: REGULAR	_						_	-	T-/	Adopt	oyer salary reduction con tion benefits		
AGRICULTURE HOUSEHOLE MILLIARY MEDICADE CHAI	STA	TUT	ORY EMPI	LOYEE	RETIREMENT	PLAN	ТНІ	RD PARTY SICK PAY	W- Y-[	-Empl Defer	ne from exercise of nonst loyer contribution to Heal rrals under sec 409a nonc ne under sec 409(a)	Ith Savings Acc	

MEDICARE QUAL RAILROAD HOUSEHOLD 944

AA-Designated roth contrib to sec 401(k) plan AA-Designated roth contrib to sec 403(b) plan