F	REISSUED	a Employee's socia	l security number			Sa	fe, Accurate,	200	HI	Visit the	IRS Website		
S	<b>FATEMENT</b>	42	24-80-3625	OMB N	o. 1545-0	0008 <b>FA</b>	ST! Use		file	at www.i	irs.gov/efile.		
<b>b</b> Emplo	yer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld				
83-3563799						79413.3			12085.52				
<b>c</b> Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4 Social security tax withheld				
Richardson Group Group						74430.29				5693.92			
042 Wright View Suite 288					5 Medicare wages and tips				6 Medicare tax withheld				
					58228.09				1688.61				
	Joneshaven DE 01251-3989					7 Social security tips				8 Allocated tips			
						74430.29			58228.09				
<b>d</b> Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
1490077									176				
e Employee's first name and initial Last name					11 Nonqualified plans			1	12a See instructions for box 12				
	Marc Robinson					178			G 4521				
						13 Statutory Retirement Third-party			2b				
836 King Hill Apt. 171 Kimberlyberg NM 13647-2955					employee plan sick pay  X 14 Other (see enclosed Notice to Employee)				44		:1		
								yee) 1	2c	1			
									н	490			
									12d				
									D	629			
f Emplo	vee's address and ZIP cod	Δ.						-		023			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wag	jes, tips, etc.	19 Loc	al income ta	X	20 Locality name		
ОН	218-55	-456	40201.82	3507.44		69041.	69041.24 10		94.82		Williams Forks		
											T		
NJ	693-15	-044	37038.99	2590.55		84518.	81	109	11.21		Farley Manor		

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.

REI	ISSUED	a Employee's socia	al security number	This information is being furnished to the Internal Revenue Service. If you are required								
STA	TEMENT	42	24-80-3625	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> Employer in	identification number	•		•	1 Wages, tips, other compensation			2 Federal income tax withheld				
83-3563799					79413.3			12085.52				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Richardson Group Group						74430.29			5693.92			
042 Wright View Suite 288					5 Medicare wages and tips			6 Medicare tax withheld				
					58228.09			1688.61				
Jo	Joneshaven DE 01251-3989					7 Social security tips			8 Allocated tips			
					74430.29			58228.09				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
1490077								176				
e Employee's	's first name and initial	Last name			11 Nonqualified plans			12a See instructions for box 12				
	Marc Robinson					178			G 4521			
Ma						13 Statutory Retirement Third-party						
836 King Hill Apt. 171 Kimberlyberg NM 13647-2955					empl	pyee plan sick pay			441			
					14 Other (see enclosed Notice to Employee)			12c				
11.1	KIMBELLYBELG NM 13047-2933								490			
									H 490			
									1			
					1			D  629				
f Employee's address and ZIP code							140.1			I a.a. i. iii.		
	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3, , , .,		Local income tax		20 Locality name		
OH	218-55	-456	40201.82	3507.44		69041.24		0294.82		Williams Forks		
NJ	693-15	5-044	37038.99	2590.55		84518.81	10	911.21		Farley Manor		

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

