REISSUED a Employee's social security number				Safe, Ad	curate,		H	Visit the	IRS Website			
STATEMENT	06	66-20-5101	OMB N	No. 1545-00	008 FAST! U	Jse ~	<i>G</i> ~1	ile)	at www.i	rs.gov/efile.		
b Employer identification number				1 \	Vages, tips, other con	pensation	2	Federa	I income ta	x withheld		
39-0111335					96725.04				29065.86			
c Employer's name, address, and	I ZIP code			3 8	3 Social security wages				4 Social security tax withheld			
Robinson P	LC PLC			76653.79				5864.01				
32797 Jere	mv Walks			5 N	Medicare wages and ti	ps	6	Medica	re tax withh	neld		
-				109142.38				3165.13				
Rosshaven SD 50233-8479				7 Social security tips				8 Allocated tips				
					76653.79			109142.38				
d Control number			9 A	9 Advance EIC payment			10 Dependent care benefits					
5782530							161					
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12				
			197				E 5133					
Robert Gill 63255 Hernandez Wells			13 Statutory Retirement Third-party			12b)					
			empi	employee plan sick pay				757				
East Maria TX 67710-0289				14 (14 Other (see enclosed Notice to Employee)				1			
								P	634			
							120					
									773			
f Employee's address and ZIP of		T -			1					1		
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		3,.,			9 Local income tax		20 Locality name		
MT 634-0	7-981	50398.16	4375.65		90498.19		1208	5.83		Branch Mill		
DC 418-3	3-431	51440.09	4829.32		122762.5	6	1658	6.65		Thomas Track		

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.

REISSUED	a Employee's socia	al security number			This information is being furnis					
STATEMENT	06	66-20-5101	OMB N	o. 1545-0	to file a tax return, a negligeno this income is taxable and you			anction may t	e imposed on you ii	
b Employer identification number	•			1	Wages, tips, other compensation		2 Fede	eral income ta	x withheld	
39-0111335				96725.04			29065.86			
c Employer's name, address, an	d ZIP code			3	Social security wages		4 Soci	al security tax	withheld	
Robinson PLC PLC					76653.79	5864.01				
32797 Jeremy Walks			5	Medicare wages and tips	6 Medicare tax withheld					
					109142.38	3165.13				
Rosshaven SD 50233-8479				7	Social security tips	8 Allocated tips				
					76653.79	109142.38				
d Control number				9	Advance EIC payment		10 Dep	endent care b	enefits	
5782530								161		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
_					197		E	5133	1	
Robert	Gill			13 Sta		,	12b			
63255 Her	nandez We	11e		em	oloyee plan sick pay		G	757		
				14	Other (see enclosed Notice to Emplo	1100)	12c	1,3,		
East Mari	a TX	67710-02	89	14	Other (see enclosed Notice to Employ	yee)	120			
							P	634		
							12d	1		
								773		
f Employee's address and ZIP c	ode							· ·		
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	_ocal income	tax	20 Locality name	
MT 634-0	7-981	50398.16	4375.65		90498.19	12	085.8	3	Branch Mil	
DC 418-3	3-431	51440.09	4829.32		122762.56	16	586.6	5	Thomas Trac	

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

