Wage and Tax Statement						Department of the TreasuryInternal Revenue Service								
GA	969-85	-185	97292.66	6737.87		196410.63	3	1853	.48		Ashley	Neck		
NJ	889-37	-231	111228.06	7515.3		164012.53	3	8201	. 97		Williams	Haven		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income	tax	18 Local wages, tips, 6		Local in		(20 Locality	name		
f Emplo	oyee's address and ZIP cod	le						12d		751				
Lake Philip FL 09078-6301							, ,,,,,		н	946				
						ther (see enclosed Notice	ce to Employee)	12c		101				
088 Farmer Harbor Suite 974					emplo	13 Statutory Retirement Third-party employee plan sick pay				401				
Lauren Hughes						130			H 5102					
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12					
9002620									221					
d Control number					9 A				10 Dependent care benefits					
					' '	258533.69				155658.58				
9579 Angela Trail Apt. 503 West Katherine RI 00750-1739					7 S	5 Medicare wages and tips 155658.58 7 Social security tips				6 Medicare tax withheld 4514.1 8 Allocated tips				
					5 N									
Carson PLC Group						258533.69			19777.83					
c Employer's name, address, and ZIP code					3 S	3 Social security wages			4 Social security tax withheld					
51-7517509						203915.87			28560.35					
b Employer identification number					1 V	1 Wages, tips, other compensation			2 Federal income tax withheld					
_	TATEMENT	4	78-90-5519	OM	MB No. 1545-00	08 FAST! Us	e TREE	1	le	at www.i	rs.gov/efile.			
REISSUED a Employee's social security number						Safe, Accı	ırate,			Visit the	IRS Websit	ie		

Statement Form W-2 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.

F	REISSUED	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								
S	TATEMENT	4	78-90-5519	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 Emplo	b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld			
51-7517509					203915.87			28560.35					
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Carson PLC Group						19777.83							
9579 Angela Trail Apt. 503				5 N	6 Medicare tax withheld 4514.1								
	West Katherine RI 00750-1739				7 5	8 Allocated tips							
						155658.58							
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	9002620								221				
e Emplo	e Employee's first name and initial Last name					lonqualified plans	12a See instructions for box 12						
	Lauren Hughes				130				н 5102				
	Lauren Hughes					tory Retirement Third-party pyee plan sick pay		12b	1				
	088 Farmer Harbor Suite 974							401					
Lake Philip FL 09078-6301					14 Other (see enclosed Notice to Employee)				12c				
				н 946									
								12d	1				
										751			
f Employee's address and ZIP code					La					Lag I III			
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		1.0 = 2.00		9 Local income tax			20 Locality name		
NJ	889-37	/-231	111228.06	7515.3	164012.53 3		38	38201.97			Williams Haven		
GA	969-85	5-185	97292.66	6737.87		196410.63	31	853.	48		Ashley Neck		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

