F	REISSUED	a Employee's socia	•				Safe, Accu	rate,		H	Visit the	IRS Website	
S	TATEMENT	28	34-30-0215	OMB N	o. 1545-	8000	FAST! Use	e	5~ L	ile	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
27-9696666						226702.59				58356.3			
c Employer's name, address, and ZIP code					3 Social security wages				4	4 Social security tax withheld			
Bass PLC Group					288597.67					22077.72			
09627 Patricia Centers					5 Medicare wages and tips				6				
	Michaelport DC 37903-1899					287682.64				8342.8			
,	Michaelport DC 37903-1899					7 Social security tips			8	8 Allocated tips			
						2885	597.67				2876	82.64	
d Contro	ol number				9	Advance E	IC payment		10	Depen	dent care be	enefits	
	3226723										240		
e Emplo	yee's first name and initial	Last name	•		11	Nonqualifie	d plans		12a	See in	structions	for box 12	
					213				н 4451				
Miranda Anderson 0778 Amanda Plain Whiteview ID 68008-2845					13 Statutory Retirement Third-party			12b					
					employee plan sick pay X 14 Other (see enclosed Notice to Employee)					D	273		
									e) 12c		<u> </u>		
										н	136		
									12d		136		
									120				
											547		
	yee's address and ZIP cod				ļ								
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			ıl wages, tips, e		19 Local i		x	20 Locality name	
NH	956-42	-839	116750.23	7950.01		2365	94.61		24889	9.61		Schmidt Islands	
MS	469-69	-847	113311.03	9526.42		2359	980.64		3399	7.14		Kristen Junction	

Wage and Tax Statement

Form W-2

5070

Department of the Treasury--Internal Revenue Service

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 so	cial security number							e Service. If you are required		
STATEMENT	2	284-30-0215	OM	B No. 1545-0	to file a tax return this income is tax			er sanction	may be imposed on you if		
b Employer identification num	er		•	1 \	Vages, tips, other comp	ensation	2	Federal inco	ome tax withheld		
27-9696666					226702.59		5	58356.3			
c Employer's name, address, and ZIP code					Social security wages		4	Social secui	rity tax withheld		
Bass PLC Group					288597.67		2:	22077.72			
09627 Patricia Centers					Medicare wages and tips		6	• modicaro tax maniora			
Winter 1 27 27 27 27 27 27 27 27 27 27 27 27 27					287682.64			8342.8			
Michaelpo	Michaelport DC 37903-1899						8	8 Allocated tips			
					288597.67			28	87682.64		
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits			
3226723								24	40		
e Employee's first name and	itial Last nar	me		11 1	11 Nonqualified plans			12a See instructions for box 12			
					213			н 4451			
Miranda Anderson 0778 Amanda Plain					tory Retirement	Third-party	12b				
					employee plan sick pay			D 2	73		
Whitevie	14 (Other (see enclosed Noti	ice to Employe	e) 12c	12c						
Whiteview ID 68008-2845								н 13	36		
							12d	= -			
								_	4.		
								54	47		
f Employee's address and ZI 15 State Employer's state		16 State wages tipe ato	17 State income	hav	10 Local wages tips	oto	19 Local inco	me toy	20 Locality name		
1 .,		16 State wages, tips, etc.		ιαλ	18 Local wages, tips,				20 Locality name		
NH 956-	42-839	116750.23	7950.01		236594.61		24889.	ρΤ	Schmidt Islands		
MS 469-	69-847	113311.03	9526.42		235980.64		33997.	14	Kristen Junction		

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

