REISSUED a Employee's social security number	OMP N. 4545 00	Safe, Accurate,	so villa	IRS Website		
STATEMENT 098-39-4804	OMB No. 1545-00		at www.	irs.gov/efile.		
b Employer identification number	1 V	Vages, tips, other compensation	2 Federal income to	x withheld		
58-1657292		45096.21	16241.03	16241.03		
c Employer's name, address, and ZIP code	3 5	Social security wages	4 Social security tax	4 Social security tax withheld		
Harmon, Page and Wright Group		41067.46	3141.66			
9772 Christopher Loaf Suite 396	5 N	Medicare wages and tips				
Welchstad TX 41883-0486	-	35239.72		1021.95		
#C10115 Cdd 111 41505 0100	7 5	Social security tips	8 Allocated tips			
		41067.46		39.72		
d Control number	9 A	Advance EIC payment	10 Dependent care b	enefits		
8542903			232			
e Employee's first name and initial Last name	11 N	lonqualified plans	12a See instructions	12a See instructions for box 12		
Dahan Gallian		262	4765	4765		
Peter Collier	13 Statu		12b			
16349 Jeremiah Land Suite 589	empl	pyee plan sick pay	G 914			
Carrieside NJ 99428-1713	14 (Other (see enclosed Notice to Employ	ree) 12c			
0011100100 10 33120 1713			D 917			
			12d			
			445			
f Employee's address and ZIP code			1443			
1 7	te income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
	9.87	55892.72	7150.65	Corey Cliff		
				-ti		
LA 135-22-225 21517.86 972	.1	51187.11	8053.97	Jaclyn Tunnel		

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.

RFI	ISSUED	a Employee's socia	Il security number			This information is being furnis	hed to	the Internal Re	venue Serv	ice. If you are required	
	TEMENT	09	8-39-4804	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 Employer i	b Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld			
58-1657292				45096.21			16241.03				
c Employer's	s name, address, and 2	IP code			3 Social security wages			4 Social security tax withheld			
Harmon, Page and Wright Group				41067.46			3141.66				
9772 Christopher Loaf Suite 396				5 Medicare wages and tips			6 Medicare tax withheld				
Welchstad TX 41883-0486			35239.72			1021.95					
			7 Social security tips			8 Allocated tips					
				41067.46			35239.72				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
8542903							232				
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 12			for box 12					
Peter Collier			262			4765					
			13 Statu			12b	i i				
16349 Jeremiah Land Suite 589			employee plan sick pay G 914								
Carrieside NJ 99428-1713				3	14 Other (see enclosed Notice to Employee)			12c			
				D				917			
							F	12d	1		
							445				
	's address and ZIP cod	е							•		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax	(20 Locality name	
AZ	847-25	-295	23351.0	1299.87		55892.72	71.	50.65		Corey Cliff	
LA	135-22	-225	21517.86	972.1		51187.11	80.	53.97		Jaclyn Tunnel	

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

