REISSUED	a Employee's soci	ial security number		Safe, Accurate,  OMB No. 1545-0008  FASTI Use  At www.irs.gov/efile					IRS Website		
STATEMENT	4	85-98-5938	OMB N	lo. 1545-0	008 FAST! Use			at www.	irs.gov/efile.		
<b>b</b> Employer identification num	per		•	1 \	1 Wages, tips, other compensation			2 Federal income tax withheld			
81-299506	5				43296.06			4571.25			
c Employer's name, address,	and ZIP code			3 Social security wages			4 Social security tax withheld				
Becker Group LLC				35466.59			2713.19				
167 Bullock Points Lopezberg MT 73837-3368				5 Medicare wages and tips			6 M				
					50434.7			1462.61			
				7 Social security tips			8 A	8 Allocated tips			
				35466.59			50434.7				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
426223							106				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Christian Kim			258			]	E 9235				
			13 Statutory Retirement Third-party employee plan sick pay			12b					
7336 Jeremiah Fords				emp		X	(	G 260			
East Cory CO 87034-1202				14 Other (see enclosed Notice to Employee)			) 12c				
								E 111	111		
							12d	12d			
							,	P 319			
f Employee's address and ZIP code								-			
15 State Employer's state		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		9 Local incor	ne tax	20 Locality name		
KY 547-	46-072	20494.93	1615.61		44674.87 8		3413.3	3	Theresa Track		
NV 638-	71-674	20509.91	1545.42	43435.14 63		315.6	6	Marsh Grove			

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		cial security number	OMP N	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						
	STATEMENT			this income is taxable and you fail to report it.  1 Wages, tips, other compensation 2 Federal income tax withheld							
b Employer identification number  81-2995065				43296.06			4571.25				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Becker Group LLC				35466.59			2713.19				
167 Bullock Points				5 Medicare wages and tips			6 Medicare tax withheld				
Lopezberg MT 73837-3368				50434.7 7 Social security tips			1462.61 8 Allocated tips				
											35466.59
				d Control number				9 Advance EIC payment			10 Dependent care benefits
	426223							106			
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Christian Kim 7336 Jeremiah Fords				258 13 Statutory Retirement Third-party			E 9235				
				employee plan sick pay			120	G	260		
	Took Garage GO 07024 1000				14 Other (see enclosed Notice to Employee)			12c			
East Cory CO 87034-1202								E	111		
				!			12d				
								120	ĺ		
									P	319	
	oyee's address and ZIP co		T	T.= 2		T	1				T
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	'	Local inco			20 Locality name
KY	547-4	6-072	20494.93	1615.61		44674.87	84	13.3	33		Theresa Track
NV	638-7	1-674	20509.91	1545.42		43435.14	63	15.6	66		Marsh Grove

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

