| REISSUED a Employee's social security number                                  |                  | Safe, Accurate, Visit the IRS Website               |                                      |  |  |  |  |
|---|------------------|---|--------------------------------------|--|--|--|--|
| STATEMENT 895-07-9200   | OMB No. 1545-0   | 008 FAST! Use                                       | at www.irs.gov/efile.                |  |  |  |  |
| <b>b</b> Employer identification number                                       | 1                | Wages, tips, other compensation                     | 2 Federal income tax withheld        |  |  |  |  |
| 81-2964984  |                  | 78862.83  | 9199.28                              |  |  |  |  |
| c Employer's name, address, and ZIP code                                      | 3                | Social security wages                               | 4 Social security tax withheld       |  |  |  |  |
| Robinson PLC Ltd  |                  | 61247.89  | 4685.46                              |  |  |  |  |
| 89472 Cortez Grove  | 5                | Medicare wages and tips                             | 6 Medicare tax withheld              |  |  |  |  |
| Cohenfort ME 56327-8646   |                  | 84520.16  | 2451.08                              |  |  |  |  |
| Conenioic FEE 30327-8040  | 7                | Social security tips                                | 8 Allocated tips                     |  |  |  |  |
|   |                  | 61247.89  | 84520.16                             |  |  |  |  |
| d Control number  | 9                | Advance EIC payment                                 | 10 Dependent care benefits           |  |  |  |  |
| 9042737   |                  |   | 233                                  |  |  |  |  |
| e Employee's first name and initial Last name                                 | 11               | Nonqualified plans                                  | 12a See instructions for box 12      |  |  |  |  |
| David Manne   |                  | 236   | 8690                                 |  |  |  |  |
| David Torres  | 13 State         | utory Retirement Third-party<br>loyee plan sick pay | 12b                                  |  |  |  |  |
| 854 John Cape Suite 751   | X                |   | D 391                                |  |  |  |  |
| North Andrew CO 05875-074   | 14               | Other (see enclosed Notice to Employ                | yee) 12c                             |  |  |  |  |
|   |                  |   | E 436                                |  |  |  |  |
|   |                  |   | 12d                                  |  |  |  |  |
|   |                  |   | 828                                  |  |  |  |  |
| f Employee's address and ZIP code   |                  |   | -                                    |  |  |  |  |
| 15 State     Employer's state ID number     16 State wages, tips, etc.     17 | State income tax | 18 Local wages, tips, etc.                          | 19 Local income tax 20 Locality name |  |  |  |  |
| HI 333-95-424 40914.55 43   | 195.78           | 85605.89  | 14912.2 Coleman Circles              |  |  |  |  |
| MI 735-91-714 38741.72 50   | 024.46           | 68487.49  | 14417.42 Rodriguez Avenue            |  |  |  |  |

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<br>FATEMENT   | a Employee's socia | ol security number              | OMB No   | 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 this income is taxable and you fail to report it. |                                 |  |                           |    |     |                  |  |  |
|---|------------------------|--------------------|---------------------------------|--|--|---------------------------------|--|---------------------------|----|-----|------------------|--|--|
| b Employer identification number 81-2964984                           |                        |                    |                                 | 1 Wages, tips, other compensation 78862.83   |  |                                 | 2 Federal income tax withheld 9199.28  |                           |    |     |                  |  |  |
| c Employer's name, address, and ZIP code  Robinson PLC Ltd            |                        |                    |                                 | 3 Social security wages 61247.89   |  |                                 | 4 Social security tax withheld 4685.46 |                           |    |     |                  |  |  |
| 89472 Cortez Grove  |                        |                    |                                 | 5  |  | 6 Medicare tax withheld 2451.08 |  |                           |    |     |                  |  |  |
| Cohenfort ME 56327-8646   |                        |                    | 7 Social security tips 61247.89 |  |  | 8 Allocated tips 84520.16       |  |                           |    |     |                  |  |  |
| d Control number 9042737  |                        |                    |                                 | 9 Advance EIC payment  |  |                                 | 10 Dependent care benefits 233         |                           |    |     |                  |  |  |
| e Employee's first name and initial Last name                         |                        |                    | 11 Nonqualified plans 236       |  |  | 12a See instructions for box 12 |  |                           |    |     |                  |  |  |
| David Torres<br>854 John Cape Suite 751<br>North Andrew CO 05875-0741 |                        |                    |                                 | 13 Statutory Retirement Third-party employee Plan Sick Pay  14 Other (see enclosed Notice to Employee) |  |                                 | D 391  12c  E 436                      |                           |    |     |                  |  |  |
|   |                        |                    |                                 |  |  |                                 |  |                           |    | 12d | 828              |  |  |
|   |                        |                    |                                 |  |  |                                 |  | yee's address and ZIP cod |    |     |                  |  |  |
| 15 State  | Employer's state ID nu |                    | 16 State wages, tips, etc.      | 17 State income tax  |  | 3.7,1,7,                        |  | Decal income tax          |    |     | 20 Locality name |  |  |
| HI  | 333-95                 | -424               | 40914.55                        | 4195.78  |  | 85605.89                        |  | 4912.2                    |    |     | Coleman Circles  |  |  |
| MI  | 735-91                 | -714               | 38741.72                        | 5024.46  |  | 68487.49                        | 14                                     | 417.                      | 42 |     | Rodriguez Avenue |  |  |

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

