REISSUED a Emplo	oyee's social security number		Safe, Accurate,			Visit the IRS Website			
STATEMENT	650-93-2112	OMB N	o. 1545-00	DOS FAST! Use	*E ~ file	at www.irs.gov/efile.			
b Employer identification number			1 \	Wages, tips, other compensation	2 Fede	ral income tax withheld			
50-9616093				72631.01	1334	13344.26			
c Employer's name, address, and ZIP code			3 8	Social security wages	4 Socia	4 Social security tax withheld			
Roberts Group Group				81143.4	6207	6207.47			
69059 Jesse Streets Suite 618			5 N	Medicare wages and tips	6 Medio				
Each Danismin IN FO154 4500				82186.53		2383.41			
East Benjamin IN 52154-4508			7 5	Social security tips	8 Alloca	1			
				81143.4		82186.53			
d Control number			9 /	Advance EIC payment	10 Depe	10 Dependent care benefits			
7825162						197			
e Employee's first name and initial	Last name		11 1	Nonqualified plans	12a See i	nstructions for box 12			
Kevin Fowler				232	G	G 6430			
			13 Statu		y 12b	1			
51603 Sharon Parkways			empi	oyee plan sick pay	E	E 505			
Jenkinsport 1	LA 59532-6445		14 (Other (see enclosed Notice to Emplo	oyee) 12c	ì			
Delikilispoit HA 59552-0445						970			
					12d	10.0			
						636			
						636			
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	ļ	18 Local wages, tips, etc.	19 Local income to	ax 20 Locality name			
DC 753-68-331	5	4843.7		83440.97	13158.74				
					+				
MO 122-32-372	35694.03	4719.19		73054.97	10009.83	Lawson Crossing			

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.

REISSU	ED a Employee's so	cial security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEM	-111	550-93-2112	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 identification number				Wages, tips, other compensation			2	Federal income tax withheld			
50-9616093				72631.01			1	13344.26			
c Employer's name, address, and ZIP code				3 Social security wages			4	4 Social security tax withheld			
Roberts Group Group				81143.4			6	6207.47			
69059 Jesse Streets Suite 618 East Benjamin IN 52154-4508				5 Medicare wages and tips 82186.53 7 Social security tips			6	6 Medicare tax withheld			
								2383.41 8 Allocated tips			
							8				
				81143.4				82186.53			
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
7825162								197			
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12				
Kevin Fowler			232				G 6430				
			13 Stat	,	Third-party	12b					
51603 Sharon Parkways			emp	loyee plan	sick pay		E	505			
-			14	Other (see enclosed Not	ice to Employe	e) 12c					
Jenkinsport LA 59532-6445					Other (see enclosed Not	ice to Employer	120				
							970				
							12d	1			
								636			
f Employee's addres	s and ZIP code							L			
15 State Employe	er's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local inc	come tax		20 Locality name	
DC	753-68-331	38242.07	4843.7		83440.97	:	13158	.74		Wright Parkways	
мо	122-32-372	35694.03	4719.19		73054.97	:	10009	. 83		Lawson Crossing	

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

