REISSUED a Employee's social security number		Safe,	Accurate,			IRS Website	
STATEMENT 586-02-7343	OMB No. 15	545-0008 FAST	Use	5~ IIII	at www.	irs.gov/efile.	
b Employer identification number	1	Wages, tips, other of	ompensation	2 F	ederal income ta	x withheld	
45-5839953		247843.68			84146.92		
c Employer's name, address, and ZIP code	3	Social security wage	es	4 S	ocial security tax	withheld	
Casey Group Group		185082.29			14158.8		
3916 Jackson Stream	5	5 Medicare wages and tips			6 Medicare tax withheld		
Cooperstad AL 20631-4978		236447.56			6856.98		
Cooperstad An 20031-4978	7	7 Social security tips			8 Allocated tips		
		185082.				47.56	
d Control number	9	Advance EIC payme	ent	10 D	Dependent care b	enefits	
2629920					168		
e Employee's first name and initial Last name	11	Nonqualified plans		12a S	See instructions	for box 12	
		169			7461		
David Washington	13	Statutory Retireme		12b			
58163 Hoffman Rapids Suite 042		employee plan	sick pay		G 488		
Johnview GA 73664-2583	14	14 Other (see enclosed Notice to Employee)			 		
301111 2CH					G 868		
				12d	<u> </u>		
					G 467		
f Employee's address and ZIP code							
15 State Employer's state ID number 16 State wages, tips, etc. 17	7 State income tax	18 Local wages,	tips, etc.	19 Local inco	me tax	20 Locality name	
VA 648-47-274 133353.21 6	571.83	297401.23 4		40616.	24	Sullivan Corners	
IA 996-28-240 135317.03 5	712.9	254763.58		38806.94		Hernandez Alley	

Wage and Tax Statement 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.

	CLIOGOLD	a Employee's soci	al security number 86-02-7343	OMB 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						
	TATEMENT	5	56-02-7343	OIVIB IV	this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld					withhold	
b Employer identification number 45-5839953			247843.68			84146.92					
t Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
				185082.29			14158.8				
Casey Group Group							6 Medicare tax withheld				
3916 Jackson Stream				5 Medicare wages and tips							
Cooperstad AL 20631-4978			236447.56			6856.98					
			7 Social security tips			8 Allocated tips					
				185082.29			236447.56				
d Contro					9 /	Advance EIC payment		10 Depend	lent care be	enefits	
2629920						168					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
David Washington			169			7461					
			13 Statutory Retirement Third-party			12b					
			employee plan sick pay			G 488					
58163 Hoffman Rapids Suite 042				X			488				
Johnview GA 73664-2583			14 (Other (see enclosed Notice to Employ	/ee)	12c	l				
					G	868					
								12d			
								G	467		
								G	407		
15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax		20 Locality name	
VA	648-47		133353.21	6571.83		297401.23		616.24		Sullivan Corners	
	040 47		155555.21	00,1.00		231301.23	1-20	010.24		Sullivan Corners	
IA	996-28	-240	135317.03	5712.9		254763.58	38	806.94		Hernandez Alley	

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

