STATEMENT 296-50-7676 OMB No. 1545-0008 FAST! Use at www.irs.gu 1 Wages, tips, other compensation 2 Federal income tax with 46-8509627 202355.38 28737.63 c Employer's name, address, and ZIP code Floyd Group LLC 208371.66 15940.43 5 Medicare wages and tips 6 Medicare tax withheld	Website		
46-8509627 202355.38 28737.63 c Employer's name, address, and ZIP code 3 Social security wages 4 Social security tax with the security tax with the security tax with the security wages and tips 5 Medicare wages and tips 6 Medicare tax withheld	ov/efile.		
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North Deborahberg ID 06150-4308 7 Social security tips 8 Allocated tips	8 Allocated tips		
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d Control number 9 Advance EIC payment 10 Dependent care benefit	10 Dependent care benefits		
8314726 197			
e Employee's first name and initial Last name 11 Nonqualified plans 12a See instructions for b	12a See instructions for box 12		
124 5109	5109		
Laura Carlson 13 Statutory Retirement Third-party employee plan sick pay			
2113 Hernandez Crossroad Employee plan sick pay H 171			
Port Aimee WA 29776-5956 14 Other (see enclosed Notice to Employee) 12c			
971			
12d			
515			
f Employee's address and ZIP code			
	Locality name		
MN 895-95-780 111237.63 4362.29 205934.29 34290.15 B	lack Fork		
HI 266-05-857 101894.7 3196.55 235117.97 27083.84 And	drews Springs		

Wage and Tax

Form W-2 Statement

5070

Cut here. Keep lower portion for your records.

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.

REISSUED	a Employee's socia	al security number							Service. If you are required	
STATEMENT	29	96-50-7676	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			l.	1 V	Vages, tips, other c		2	Federal incom	e tax withheld	
46-8509627					202355.38			28737.63		
c Employer's name, address, and ZIP code				3 S	3 Social security wages			4 Social security tax withheld		
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e Employee's first name and initial Last name			11 N	11 Nonqualified plans			12a See instructions for box 12			
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f Employee's address and ZIP co		140 01-1	17 State income		140.1	****	19 Local inc		00 1	
15 State Employer's state ID r		16 State wages, tips, etc.			18 Local wages,	-			20 Locality name	
MN 895-9	5-780	111237.63	4362.29	j 	205934.	29	34290	.15	Black Fork	
ні 266-0	5-857	101894.7	3196.55	5	235117.	97	27083	. 84	Andrews Springs	

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

