REISSUED a Employee's social security number		Safe, Accurate,		Visit the IRS Website			
STATEMENT 390-81-4871	OMB No. 1545-0	008 FAST! Use	e file	at www.irs.gov/efile.			
b Employer identification number	1	Wages, tips, other compensation	2 Federa	l income tax withheld			
14-6151354		202469.9	5412	54125.88			
c Employer's name, address, and ZIP code	3	Social security wages	4 Social s	4 Social security tax withheld			
Day and Sons Group		221858.72	1697	16972.19			
333 Tracy Mill	5	Medicare wages and tips	6 Medica				
Yvonnestad ND 21869-2554		263181.67		7632.27			
Ivonnestad ND 21869-2554	7	Social security tips	8 Allocate	- · · · · · · · · · · · · · · · · · · ·			
		221858.72		263181.67			
d Control number	9	Advance EIC payment	10 Depend	dent care benefits			
4436157				179			
e Employee's first name and initial Last name	11	Nonqualified plans	12a See ins	12a See instructions for box 12			
, _,		110		3513			
Joan Campbell	13 Stat		/ 12b				
8083 Matthew Garden	emp	oloyee plan sick pay		128			
New Marymouth CT 50876-2512	14	Other (see enclosed Notice to Emplo	oyee) 12c	12c			
New Harymouth Cr 30070 2312			D	564			
			12d				
			G	691			
f Employee's address and ZIP code				031			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
NY 978-63-911 96509.42 8962	. 94	166198.19	23487.74	Montes Lane			
CA 189-27-130 103525.81 9717	.58	216845.29	32451.89	Thomas Ville			

Wage and Tax

Form W-2 Statement

5010

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.

R	REISSUED	a Employee's soci	•		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							
ST	TATEMENT	3	90-81-4871	OMB No	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 Employ	b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
14-6151354				202469.9			54125.88					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Day and Sons Group				221858.72			16972.19					
333 Tracy Mill				5 Medicare wages and tips 263181.67			6 Medicare tax withheld 7632.27					
Yvonnestad ND 21869-2554												
			7 Social security tips			8 Allocated tips						
			221858.72			263181.67						
d Contro	d Control number			9 Advance EIC payment			10 Dependent care benefits					
	4436157								179			
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions			structions	for box 12					
Joan Campbell			110			3513						
			13 Stat		ty	12b	1					
8083 Matthew Garden				employee plan sick pay 128								
New Marymouth CT 50876-2512			14	Other (see enclosed Notice to Empl	oyee)	12c	I					
						D	564					
								12d				
								G	691			
	yee's address and ZIP cod								•			
15 State	Employer's state ID no	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax	:	20 Locality	name	
NY	978-63	3-911	96509.42	8962.94		166198.19	23	3487.74		Montes	Lane	
CA	189-27	7-130	103525.81	9717.58		216845.29	32	2451.89		Thomas	Ville	

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

