REISSU	IED a	Employee's social	security number				Safe, Acc	urate,			Visit the	IRS Webs	ite	
STATEM	ENT	31	9-89-0164	OMB	No. 1545-0	800	FAST! U	se	e~f	16	at www.i	rs.gov/efile	Э.	
<b>b</b> Employer identification number					1 '	1 Wages, tips, other compensation				2 Federal income tax withheld				
82-8255352						97728.04				25721.07				
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld				
Robinson Group Ltd						74669.31				5712.2				
81945 Bowman Skyway Suite 484					5					6 Medicare tax withheld				
							<u> </u>				3145	.17		
Cheryistad Ok 32391-6642				7	7 '				8 Allocated tips					
	STATEMENT DEMPloyer identification number 82-8255352 Employer's name, address, and ZIP code Robinson Group Ltd 81945 Bowman Skyway Suite 484 Cherylstad OK 32391-6642  General Control number 2064939 Employee's first name and initial Last name  James Wilson 2440 Marvin Throughway Stephenhaven FL 79976-9524  Employee's address and ZIP code 5 State Employer's state ID number 16 State wages, tips, etc. 17 State				74669.31				108454.27					
d Control number					9 /	Advance El	C payment		10	Depen	dent care b	enefits		
20649	939										258			
e Employee's first name and initial Last name				11	11 Nonqualified plans				12a See instructions for box 12					
James Wilson					179					E 4692				
				13 Statutory Retirement Third-party employee plan sick pay				12b						
2440 Marvin Throughway					X X X				P 808					
2440 Marvin Throughway		9524	14 (	Other (see	enclosed Not	ice to Employee	e) <b>12c</b>							
Бсер				JJ24							978			
	2440 Marvin Throughway								12d					
	3   Social security was son Group Ltd   74669.							460						
£ Faralassala adda	d 7IDd.										400			
1 7		ber	16 State wages, tips, etc.	17 State income tax	κ .	18 Loca	wages, tips,	etc.	19 Local in	come ta	x	20 Locality	y name	
DE	888-42-	-801	49123.31	3069.78		1206	28.8	:	10875	.26		Morgan	Curve	
				1								Ī		
KS	054-27-	-982	51982.58	2621.8		1246	52.1		10949	.07		Brown	Court	

Wage and Tax

Form W-2 Statement

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	a Employee's soc	al security number			This information is being furnis						
STATEMENT	STATEMENT 319-89-0164 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on this income is taxable and you fail to report it.									you if	
b Employer identification number					Wages, tips, other compensation		2 Federal income tax withheld				
82-8255352					97728.04		25721.07				
c Employer's name, address, and ZIP code					Social security wages		4 Social security tax withheld				
Robinson Group Ltd					74669.31	5712.2					
81945 Bowman Skyway Suite 484					Medicare wages and tips	6 Medicare tax withheld					
Cherylstad OK 32391-6642					108454.27	3145.17  8 Allocated tips					
				7	Social security tips						
					74669.31	108454.27					
d Control number				9	9 Advance EIC payment			10 Dependent care benefits			
2064939							:	258			
Employee's first name and initial Last name				11	Nonqualified plans	12a See instructions for box 12					
James Wilson				13 Stat	179		E 4692				
2440 Marvin Throughway					loyee plan sick pay		P 808				
Stephenhaven FL 79976-9524				14	Other (see enclosed Notice to Emplo	12c					
							12d				
								460			
f Employee's address and ZIP		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10	Local income tax		20 Locality		
5 State Employer's state II		9			10 2000 110 300, 110 110 110				,		
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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

