REISSUED a Employee's social security number STATEMENT 620-72-7574 OMB N		Safe, Accurate, 5-0008 FAST! Use		IRS Website irs.gov/efile.	
b Employer identification number 27-8519750		Wages, tips, other compensation 108026.52	2 Federal income tax withheld 16670.74		
c Employer's name, address, and ZIP code Bishop LLC Group 3151 Williams Radial Lake Jamesland VA 40404-3311		Social security wages 76856.66 Medicare wages and tips 116535.82 Social security tips	4 Social security tax withheld 5879.53 6 Medicare tax withheld 3379.54 8 Allocated tips		
d Control number 5634884	9	76856.66 Advance EIC payment Nonqualified plans	116535.82 10 Dependent care benefits		
e Employee's first name and initial Last name Maria Osborne 700 Paul Circles East Paulachester NJ 28708-788		132 Statutory Retirement Third-party sick pay X X X X Other (see enclosed Notice to Employee	D 2134		
f Employee's address and ZIP code			963 12d 524		
15 State Employer's state ID number 16 State wages, tips, etc. NJ 786-64-498 57455.08	17 State income tax 2471.33	5	19 Local income tax 14235.27	20 Locality name Christine Ramp	
WA 434-86-908 50100.4	2908.72	77985.43	20764.85	Edward Groves	

Wage and Tax

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.

REISSUED a En	nployee's social security number			This information is being furn				
STATEMENT	620-72-7574	OMB N	o. 1545-00	to file a tax return, a negligen this income is taxable and yo		report it.	,	. ,
Employer identification number			1 V	/ages, tips, other compensation		2 Federal	income tax	withheld
27-8519750			108026.52			16670.74		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld		
Bishop LLC Group			76856.66			5879.53		
3151 Williams Radial			5 Medicare wages and tips 116535.82			6 Medicare tax withheld 3379.54		
76856.66			116535.82					
d Control number			9 Advance EIC payment			10 Dependent care benefits		
5634884						286		
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12			
			132			D 2134		
Maria Osbo	rne		13 Statu		у	12b		
700 Paul Circles			employee plan sick pay			884		
East Paulach	ester NJ 2870	08-788	14 C	ther (see enclosed Notice to Emplo	oyee)	12c	i	
							963	
					-	12d		
							524	
Employee's address and ZIP code					-		324	
State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name
NJ 786-64-49	98 57455.08	2471.33		133210.64	14	235.27		Christine Ramp
WA 434-86-90	08 50100.4	2908.72		77985.43		764.85		

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

