| F | REISSUED a Employee's social security number | | | | Safe, Accurate, Visit the IRS We | | | | | IRS Website | | | |
|---|---|-------|----------------------------|---------------------|---|--|---------------|----------|---------------------------------|---------------|------------|------------------|--|
| S | TATEMENT | 48 | 30-57-0375 | OMB N | o. 1545-0 | 008 FAS | T! Use | G | | | at www.ii | rs.gov/efile. | |
| b Employer identification number | | | | | 1 Wages, tips, other compensation | | | | Federal income tax withheld | | | | |
| 55-8345417 | | | | | 152968.03 | | | | 35584.92 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | | |
| Craig PLC Ltd | | | | | 114288.09 | | | | 8743.04 | | | | |
| 328 Steven River | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | |
| | South Andrea VA 09324-2705 | | | | | 166079.79 | | | | 4816.31 | | | |
| South Andrea VA 09324-2705 | | | | | 7 Social security tips | | | | 8 Allocated tips | | | | |
| | | | | | 114288.09 | | | | 166079.79 | | | | |
| | ol number | | | | 9 Advance EIC payment | | | | 10 Dependent care benefits | | | | |
| | 3590610 | | | | | | | | 151 | | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | |
| | Joshua Chapman 691 Perez Rapid Apt. 835 | | | | 226 13 Statutory Retirement Third-party employee plan sick pay | | | | E 9157 | | | | |
| | | | | | | | | | 12b | | | | |
| | | | | | | | | | : | E 536 | | | |
| | West Ian TX 02016-7341 | | | | | 14 Other (see enclosed Notice to Employee) | | | | 12c | | | |
| West lan 1A 02010-7541 | | | | | | | | | | | 791 | | |
| | | | | | | | | | 12d | | | | |
| | | | | | | | | | | _ | 600 | | |
| l | | | | | | | | - | | D | 693 | | |
| f Emplo | yee's address and ZIP cod Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | <u> </u> | 18 Local wage | s. tips. etc. | 19 L | ocal inco | me tax | | 20 Locality name | |
| NH | 991-21 | | 84070.98 | 6203.07 | | 194577 | • • | 1 | 078. | | | Williams Estates | |
| - 1411 | JJ1 Z1 | | | 0203.07 | | 1343// | | + | 0,0. | 55 | | WIIIIAMS ESCATES | |
| PA | 959-96 | 5-980 | 77758.5 | 5978.91 | | 194196 | . 79 | 29 | 811. | 35 | | Timothy Walk | |

Wage and Tax Statement

Form W-2

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 social security number This information is being furnished to the Internal Revenue Service. If you are re | | | | | | | | | | | | | |
|---|---|----------|-------------------------------|---|--|------------------------|------|--------------------------------|---------------------------------|------------------|--|--|--|
| STATEMENT | to file a tax return, a negligence penalty or other sanction may be imposed on you if | | | | | | | | | | | | |
| b Employer identification number | | | | | Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | | |
| 55-8345417 | 152968.03 | | | | 35584.92 | | | | | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | |
| Craig PLC Ltd | | | | | 114288.09 | | | 8743.04 | | | | | |
| 328 Steven River South Andrea VA 09324-2705 | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | |
| | | | | | 166079.79 | | | | 4816.31 | | | | |
| South Andre | South Andrea VA 09324-2705 | | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | | 114288.09 | | | | 166079.79 | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | |
| 3590610 | | | | | | | | 151 | | | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | |
| Tochus | Joshua Chapman 691 Perez Rapid Apt. 835 | | | | 226 | | | | E 9157 | | | | |
| bosilda | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 1 | | | | |
| 691 Perez | | | | | X X | | | E 536 | | | | | |
| West Ian | TX 0 | | 14 (| Other (see enclosed Notice to Employee) | | ee) 12 | c:c | 1 | | | | | |
| nese ran | West Ian TX 02016-7341 | | | | | | | | 791 | | | | |
| | | | | | | | | | 12d | | | | |
| | | | | | | | | D | 693 | | | | |
| f Employee's address and ZIP co | de | | | | | | - | | 1000 | | | | |
| | Employer's state ID number 16 State wages, tips, etc. 17 State income tax | | 18 Local wages, tips, etc. 19 | | 19 Loca | l income ta | x | 20 Locality name | | | | | |
| NH 991-2 | 1-261 | 84070.98 | 6203.07 | | 194577.49 1 | | 1707 | 7078.85 | | Williams Estates | | | |
| PA 959-9 | 6-980 | 77758.5 | 5978.91 | | 194196.7 | 9 | 2981 | .1.35 | | Timothy Walk | | | |

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

