F	REISSUED	a Employee's socia	•			Safe, Acc	THE A				IRS Website	
S	TATEMENT	34	10-92-9124	OMB	No. 1545-00	08 FAST! Us	se		6	at www.i	s.gov/efile.	
b Employer identification number					1 V	1 Wages, tips, other compensation			Federal income tax withheld			
40-9898669						172795.27			45635.26			
c Employer's name, address, and ZIP code					3 8	3 Social security wages			4 Social security tax withheld			
Roberts-Morris Group						194138.19			14851.57			
6773 Blair Springs Suite 510					5 N	- manager and apr			6 Medicare tax withheld			
						212734.17			6169.29			
	Robertbury NM 76975-3857				7 Social security tips				8 Allocated tips			
						194138.19			212734.17			
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits			
1773086									196			
e Emplo	byee's first name and initial	Last name	e		11 N	11 Nonqualified plans			12a See instructions for box 12			
					193				5237			
	Nicholas Thompson				13 Statutory Retirement Third-party employee plan sick pay			12b				
9701 Denise Hill Suite 926					empl	plan X	sick pay			699		
Kaneburgh OK 76041-9554					14	Other (see enclosed Not	ice to Employee) 12c		ı		
									E	718		
								12d	12d			
									P	682		
f Emplo	oyee's address and ZIP cod	le								l.		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	(18 Local wages, tips,	etc. 1	9 Local inc	come tax	(20 Locality name	
UT	062-73	3-284	86964.95	5402.93		198910.34	2	20975	.15		Lisa Parkways	
sc	088-28	3-027	93243.49	4816.9		197807.27	1	.8585	. 62		Kimberly Trail	
Wage and Tax						Department of the TreasuryInternal Revenue Service						
Form W-2 Statement					U							

Statement Form W-2 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	ial security number								ice. If you are required			
STATEMENT	STATEMENT 340-92-9124 OMB N				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					Wages, tips, other compensation			2 Federal income tax withheld					
40-9898669					172795.27			45635.26					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld					
Roberts-Morris Group					194138.19			14851.57					
6773 Blair Springs Suite 510					5 Medicare wages and tips			6 Medicare tax withheld					
						212734.17				6169.29			
Robertbur	Robertbury NM 76975-3857					7 Social security tips			8 Allocated tips				
					194138.19			212734.17					
d Control number				9	9 Advance EIC payment			10 Dependent care benefits					
1773086								196					
e Employee's first name and i	nitial Last nam	ne		11	11 Nonqualified plans			12a See instructions for box 12					
					193			5237					
Nicholas	Nicholas Thompson					13 Statutory Retirement Third-party			12b				
9701 Denise Hill Suite 926 Kaneburgh OK 76041-9554					employee plan sick pay			699					
					14 Other (see enclosed Notice to Employee)				12c				
								E 718					
								12d					
								P	682				
f Employee's address and ZIP code									002				
15 State Employer's state		16 State wages, tips, etc.	17 State income ta	x	18 Local wages, tips,	etc.	19 Local inc	ome tax	(20 Locality name			
UT 062-	73-284	86964.95	5402.93		198910.34 2		20975.15			Lisa Parkways			
sc 088-	28-027	93243.49	4816.9		197807.27		18585	. 62		Kimberly Trail			

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

