R	EISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website					
ST	<b>STATEMENT</b> 150-46-1719 OME				No. 1545-0	008 FAST! U	Jse	G~I	16	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld				
03-1483990						232028.14			31521.24				
<b>c</b> Employ	er's name, address, and Z	ZIP code			3	3 Social security wages				4 Social security tax withheld			
Griffith-Thomas Group						270874.16			20721.87				
70906 Arellano Circle					5	3				6 Medicare tax withheld			
West Comthisherough MA E0000 2017						241755.93				7010.92			
West Cynthiaborough MA 59008-2217					7					8 Allocated tips			
						270874.16			241755.93				
d Control number						9 Advance EIC payment			10 Dependent care benefits				
3	3086103								208				
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12				
_						211			3825				
Amanda Woods 6609 Cooley Corners Sarahhaven UT 08625-0949						13 Statutory Retirement Third-party				12b			
					emp	employee plan sick pay  X Sick pay  14 Other (see enclosed Notice to Employee)							
					14					i			
									266				
									12d				
									Н	330			
	ee's address and ZIP cod	е								•			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	х	18 Local wages, tips, etc. 19		19 Local in	Local income tax		20 Locality name		
MN	486-79	-719	116074.1	8574.65		261159.97 4		43586	3586.82		Kelley Extensions		
MS	167-59	-586	111693.69	8438.01		199034.8	7	32724	.21		Joy Trail		

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 social security number				This information is being furnished to the Internal Revenue Service. If you are required							
	<b>STATEMENT</b> 150-46-1719 OMB N				B 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>b</b> Employ	b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld			
03-1483990					232028.14			31521.24				
<b>c</b> Employ	er's name, address, and ZIF	code			3 Social security wages			4 Social security tax withheld				
Griffith-Thomas Group					270874.16			20721.87				
70906 Arellano Circle					5 1	Medicare wages and tips	6 Medicare tax withheld					
					241755.93			7010.92				
,	West Cynthiaborough MA 59008-2217					Social security tips	8 Allocated tips					
						270874.16			241755.93			
d Control number					9 Advance EIC payment			10 Dependent care benefits				
:	3086103								208			
e Employ	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
					211			3825				
4	Amanda Woods					13 Statutory Retirement Third-party			12b			
6609 Cooley Corners Sarahhaven UT 08625-0949					mployee plan sick pay  14 Other (see enclosed Notice to Employee)			453				
								12c				
								0.55				
								266				
								12d	l			
									н 330			
f Employee's address and ZIP code						<u></u>	[					
15 State	Employer's state ID num		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	1	Local income tax		20 Locality name		
MN	486-79-	·719	116074.1	8574.65		261159.97	43	586.82		Kelley Extensions		
MS	167-59-	-586	111693.69	8438.01		199034.87		724.21	Joy Trail			

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

