REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website						
STATEMENT 648-09-0952	2 OMB No	o. 1545-0008 F	AST! Use	e ville	at www.irs.gov/efile.			
b Employer identification number	1 Wages, tips, o	other compensation	2 Fee	2 Federal income tax withheld				
91-3335572	17159	6.07	338	33833.95				
c Employer's name, address, and ZIP code		3 Social security	y wages	4 So	4 Social security tax withheld			
Brown PLC Group	14422	4.65	110	11033.19				
6441 Gonzalez Shoals Suite 52	5 Medicare wag	•	6 Me					
West Joshuashire AK 99519-	14184			4113.51				
West Joshuashire AR 99519-	7 Social security	•	8 Allo	8 Allocated tips				
		14422			141845.03			
d Control number	9 Advance EIC	payment	10 De	10 Dependent care benefits				
1809666				113				
e Employee's first name and initial Last name	11 Nonqualified	olans	12a Se	12a See instructions for box 12				
Transition Calleman	109		G	G 4599				
Kevin Solomon	,	etirement Third-party	12b					
504 Moore Mall		an sick pay X		263				
Jonesberg ID 34130-772	14 Other (see en	closed Notice to Employ	yee) 12c	<u> </u>				
			D	452				
			12d	12d				
					668			
f Employee's address and ZIP code					,			
15 State Employer's state ID number 16 State wages, tip	os, etc. 17 State income tax	18 Local w	ages, tips, etc.	19 Local income	e tax 20 Locality name			
AR 061-66-766 92631.02	4482.0	16036	3.52	29984.4	1 Ricky Well			
MD 836-50-745 79315.19	5002.01	20779	2.61	19369.1	.2 Meyer Lan			

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

5070

Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

R	EISSUED	a Employee's socia	I security number		This information is being furnished to the Internal Revenue Service. If you are required						
	ATEMENT	64	8-09-0952	OMB N	OMB 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 Employ	b Employer identification number				Wages, tips, other compensation			Federal income tax withheld			
91-3335572			171596.07			33833.95					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Brown PLC Group				144224.65			11033.19				
6441 Gonzalez Shoals Suite 524				5 Medicare wages and tips			6 Medicare tax withheld				
West Joshuashire AK 99519-0162				141845.03			4113.51				
				7 Social security tips			8 Allocated tips				
					144224.65			141845.03			
d Control number			9 Advance EIC payment			10 Dependent care benefits					
1809666							113				
e Employ	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Kevin Solomon			109			G 4599					
			13 Statutory Retirement Third-party			12b					
504 Moore Mall			employee plan sick pay			263					
Jonesberg ID 34130-7727			14 Other (see enclosed Notice to Employee)			12c					
						D	452				
						12d					
						668					
f Employ	ee's address and ZIP code	Э									
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 I	Local income ta:	(20 Locality n	ame
AR	061-66	-766	92631.02	4482.0		160363.52 2		29984.41		Ricky W	iells
MD	836-50	-745	79315.19	5002.01		207792.61		19369.12		Meyer 1	Lane

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

