REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website)	
STATEMENT	4.4	19-25-2645	OMB No	o. 1545-0	008 FAST!	Use	£-1	ile)	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld			
60-1410059				231688.83				75157.26			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Maddox Group PLC				255684.97				19559.9			
20827 Turner Ville				5 Medicare wages and tips				6 Medicare tax withheld			
West Mercedes WV 81802-9633				264165.15				7660.79			
				7 Social security tips				8 Allocated tips			
				255684.97				264165.15			
d Control number				9 Advance EIC payment 10 De				Depen	pendent care benefits		
1001557								200			
e Employee's first name and initial Last name				11 Nonqualified plans			12:	12a See instructions for box 12			
Lisa Martinez				273				1050			
				13 Statutory Retirement Third-party				b			
10987 Greene Haven Apt. 820					employee plan sick pay			н 967			
Duranshire AK 09410-1232				14 Other (see enclosed Notice to Employee)			vee) 12	C			
							, ,		050		
							42	950			
							12	u	I		
									235		
f Employee's address and ZIP co										•	
15 State Employer's state ID r		16 State wages, tips, etc.	17 State income tax		18 Local wages,			income tax	(20 Locality n	ame
OK 253-6	1-355	116109.33	7580.59		166422.	5	2661	8.78		Miranda Cr	ossing
ні 891-9	6-033	118930.2	6723.57		185324.2	23	3120	8.73		Aimee (Cape

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.

RE	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STA	ATEMENT	4.	49-25-2645	OMB N	DMB 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				1 Wages, tips, other compensation			2 Federal income tax withheld				
60-1410059				231688.83			75157.26				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Maddox Group PLC				255684.97			19559.9				
20827 Turner Ville West Mercedes WV 81802-9633				5 Medicare wages and tips			6 Medicare tax withheld				
				264165.15			7660.79				
				7 Social security tips			8 Allocated tips				
				255684.97			264165.15				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
1	1001557							200			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Lisa Martinez				273 13 Statutory Retirement Third-party			1050				
				employee plan sick pay			1				
10987 Greene Haven Apt. 820					X		H	967			
Duranshire AK 09410-1232				14 Other (see enclosed Notice to Employee)			12c				
			950								
			12d								
							235				
	e's address and ZIP cod		T40.00	17 State income tax		I do I and a service of	40.1	ocal income tax		00 1	
15 State	Employer's state ID no		16 State wages, tips, etc.		10 ====================================					20 Locality name	
OK	253-61	L-355	116109.33	7580.59	166422.5 26618.78			Miranda Crossing			
HI	891-96	5-033	118930.2	6723.57		185324.23	31	208.73		Aimee Cape	

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

