REISSUED					Safe, Accurate,  Visit the IRS Website  at www.irs.gov/efile								
STATEMENT	1:	ON	MB No. 1545-000	8 FAST! Us	e				rs.gov/efile.				
b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld					
76-2341631					227371.73			26731.17					
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Shaw and S		177342.52				13566.7							
4457 Trujillo Course					5 Medicare wages and tips			6 Medicare tax withheld					
		247598.33				7180.35							
Lake Allisonville ND 21993-2943					7 Social security tips				8 Allocated tips				
		177342.52			247598.33								
d Control number					9 Advance EIC payment			10 Dependent care benefits					
1274903						184							
e Employee's first name and init	11 No	11 Nonqualified plans			12a See instructions for box 12								
					224			P 4765					
Jonathan	Frey				13 Statutory Retirement Third-party employee plan sick pay								
3143 Reese Isle					plan X	sick pay		E	883				
Joannahaven UT 14412-0568					her (see enclosed Noti	ce to Employee	) 12c		1				
								P	508				
							12d		1				
								G	170				
f Employee's address and ZIP	code								1				
15 State Employer's state ID		16 State wages, tips, etc.	17 State income	e tax	18 Local wages, tips,	etc. 19	9 Local inc	ome tax	(	20 Locality r	name		
FL 722-5	2-905	104027.41	7593.71	L	242563.58	2	6844	. 55		Harper	Lake		
он 369-8	86-227	103407.1	8408.88	3	160232.14	3	31362	.362.24		Estrada	Rest		
Wage and Tax Statement  Vage and Tax					Department of the TreasuryInternal Revenue Service								

**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.

REIS	ISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required									
STATE	EMENT	11	.9-43-8650	OME	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 Employer identification number				1 V	1 Wages, tips, other compensation				2 Federal income tax withheld					
76-2341631						227371.73				26731.17				
c Employer's name, address, and ZIP code				<b>3</b> S	3 Social security wages			4 Social security tax withheld						
Shaw and Sons Group						177342.52				13566.7				
4457 Trujillo Course				5 N	5 Medicare wages and tips				6 Medicare tax withheld					
				0040	247598.33				7180.35					
Lake Allisonville ND 21993-2943					<b>7</b> S	7 Social security tips				8 Allocated tips				
						177342.52				247598.33				
d Control number						9 Advance EIC payment				10 Dependent care benefits				
1274903										184				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12					
					224			P 4765						
Jonathan Frey					13 Statutory Retirement Third-party employee plan sick pay				2b	1				
3143 Reese Isle					X				E 883					
Joannahaven UT 14412-0568					14 C	ther (see enclose	d Notice to Employ	ee) 1	2c	1				
									P 508					
								1	 2d	1000		-		
									2 170					
										G 170				
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State income ta					tax	18 Local wages, tips, etc. 19			9 Local income tax 20 Locality nam			name		
FL E	722-52		104027.41	7593.71	·	10 = 10 mages, aps, 10 m			44.55	•				
	122-52	- 903	104021.41	1393.11		242303.36		2004	0044.33		Harper	ьаке		
ОН	369-86	-227	103407.1	8408.88		160232.14		313	62.24		Estrada	a Rest		

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

