REISSUED	TEMENT 874-73-0102 OMB		OMDA	4545.00	Safe, Accu	THE .	~file		IRS Webs		
STATEMENT			OMB N						rs.gov/efile	9.	
b Employer identification number				1 Wages, tips, other compensation				ral income tax	withheld		
15-1373808				55956.53			12750.8				
c Employer's name, address, and	d ZIP code			3 Social security wages			4 Social security tax withheld				
Sanders Group Inc				40421.35			3092.23				
219 Billy Cliffs Apt. 059				5 Medicare wages and tips			6 Medicare tax withheld				
					69028.76	2001.83					
North Heatherhaven PA 24144-9508				7 Social security tips			8 Allocated tips				
				40421.35			69028.76				
d Control number				9 A	dvance EIC payment		10 Depe	ndent care be	enefits		
4249632								201			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Jeremy Wagner				116			н 9446				
beremy wagner				13 Statut emplo		Third-party sick pay	12b	ı			
135 Margaret Drive Suite 125							G	197			
Thomaston WI 46970-0848				14 Other (see enclosed Notice to Employee)			12c	1			
110111000011 112 10070 0010						E	744				
						12d					
								225			
								325			
f Employee's address and ZIP control 15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	tc 19	Local income t	ax	20 Locality	/ name	
' '	7-040	25517.44	1903.15		3, , ,		0270.84		1		
WI 304-0	7-040	23311.44	1903.13		49404.29		02/0.04	: 	James	rerry	
TN 625-6	2-286	28234.17	1685.65		41806.8	64	452.57		Landry	Stream	

Wage and Tax Statement 5010

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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	•	OMP N	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT			this income is taxable and you fail to report it.								
b Employer identification number					1 Wages, tips, other compensation							
	15-1373808				55956.53			12750.8				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Sanders Group Inc					40421.35			3092.23				
219 Billy Cliffs Apt. 059 North Heatherhaven PA 24144-9508					5 Medicare wages and tips 69028.76			6 Medicare tax withheld				
								2001.83				
					7 Social security tips			8 Allocated tips				
					40421.35			69028.76				
d Control number				9 Advance EIC payment			10 Dependent care benefits					
4249632								201				
e Employee's first name and initial Last name					11 Nonqualified plans 12a See instructions				for box 12			
Jeremy Wagner					116 13 Statutory Retirement Third-party			12b	H 9446			
135 Margaret Drive Suite 125				employee plan sick pay G 197								
	Thomaston WI 46970-0848				14	Other (see enclosed Notice to Employe	ee)	12c		I		
							E	744				
						-	12d					
								325				
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					18 Local wages, tips, etc.	19 I	ocal inc	ome tax		20 Localit	v name	
WY	564-87		25517.44	1903.15		49404.29						•
MI	304-8	7-040	Z3311.44	1303.13	49404.29		ΤÛ	0270.84			James	rerry
TN	625-62	2-286	28234.17	1685.65		41806.8		452.57			Landry	Stream

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

