F	REISSUED a Employee's social security number				Safe, Accurate,					Visit the	IRS Web	osite	
S	TATEMENT	28	39-02-0762	OMB N	lo. 1545-00	08 FAST! U	se	5~ III	ظ	at www.i	rs.gov/ef	ile.	
<b>b</b> Emplo	yer identification number				1 W	ages, tips, other comp	ensation	2	Federal	l income tax	withheld		
20-9980120						127485.06			45616.84				
<b>c</b> Emplo	yer's name, address, and 2	ZIP code			<b>3</b> S	3 Social security wages			4 Social security tax withheld				
Schneider-Best Group						124988.47			9561.62				
104 Jimenez Gateway					5 Medicare wages and tips			6					
		-	12700 6000			147441.77				4275.81			
	Russellborough CA 13722-6088				<b>7</b> S	8	8 Allocated tips						
						124988.47				1474	41.7	7	
d Contro	ol number				<b>9</b> A	9 Advance EIC payment			10 Dependent care benefits				
452751									206				
e Emplo	yee's first name and initial	Last name	9		11 Nonqualified plans			12a	12a See instructions for box 12				
					236				G 6305				
	Matthew F	loman				13 Statutory Retirement Third-party							
8157 Brett Ford				<b>X</b>	yee plan	sick pay		G	852				
South John WA 53772-5129				<b>14</b> O	ther (see enclosed No	tice to Employe	e) 12c		i				
										650			
								12d		i			
										465			
f Emplo	oyee's address and ZIP cod	e								1 - 3 -			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local inco	ome tax	:	20 Loca	lity name	
MS	127-41	-375	70044.62	4966.33		96406.88	:	20993	. 84		Amy	Common	
NV	114-95	-797	63481.38	6696.28		137219.56		18894	42		Juan	Hollow	
Wage and Tax					Department of the TreasuryInternal Revenue Service								
Form W-2 Statement													

**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.

	REISSUED TATEMENT	a Employee's soci	al security number 89-02-0762	OMB N	This information is being furnished to the Internal Revenue Service. If you are required OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	b Employer identification number				this income is taxable and you fail to report it.  1 Wages, tips, other compensation 2 Federal income tax withhele					x withheld		
20-9980120					127485.06			45616.84				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Schneider-Best Group					124988.47			9561.62				
104 Jimenez Gateway					5	Medicare wages and tips		6 Medicare tax withheld				
						147441.77		4275.81				
	Russellborough CA 13722-6088					Social security tips		8 Allocated tips				
						124988.47		147441.77				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	452751								206			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Matthew Roman 8157 Brett Ford South John WA 53772-5129					236			G 6305			
						ttory Retirement Third-party oyee plan sick pay	12b	1				
						employee plan sick pay			G 852			
						Other (see enclosed Notice to Employ	ree)	12c				
South John WA 55772-5129								650				
									12d			
								465				
f     Employee's address and ZIP code       15     State     Employer's state ID number     16     State wages, tips, etc.     17     State income tax						10    tit-	40.1	ocal income tax		20		
15 State			16 State wages, tips, etc.			10 = 100   10   10   10   10   10   10				20 Locality name		
MS	127-41	L-3/5	70044.62	4966.33		96406.88 20		993.84		Amy Common		
NV	114-95	5-797	63481.38	6696.28		137219.56	18	894.42		Juan Hollow		

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

