REISSUED a Employee's social secu	Safe, Accurate, Visit the IRS Website									
STATEMENT 306-	86-1552	OMB No	o. 1545-0	008 F /	AST! Use	G ~ I	ile	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld		
45-6662411				49637.56				16895.0		
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld		
Jimenez-Scott Group				40649.88				3109.72		
6862 Roy Rue				5 Medicare wages and tips				6 Medicare tax withheld		
New Nicoleville MO 58401-5134				45813.73				1328.6		
				7 Social security tips				8 Allocated tips		
				40649				4581	3.73	
d Control number			9 Advance EIC payment			10	10 Dependent care benefits			
7106181								196		
e Employee's first name and initial Last name			11	Nonqualified pl	ans	12a	See in	structions	for box 12	
				257			E	5548		
Jason Acevedo			13 State		irement Third-party	12b)	1		
47726 Jonathan Spurs	Suite 840		emp	loyee pla			D	807		
Johnborough WY 0:	2297-1921		14	Other (see enc	losed Notice to Employ	/ee) 12c		1		
Johnson Gugn Wi 0/	LLJ, IJLI							774		
						120	l	1 , , -		
								224		
								334		
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 wa	ges, tips, etc.	19 Local	income ta	x	20 Locality name	
	965.83	2171.33		41152		6107			Robyn Knol	
		22,1.33		71172		3107			ICDYII ICIOI	
TX 520-22-769 25	252.71	2181.21		45076	. 69	7512	.15		Collins Clif	

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.

REI	ISSUED	a Employee's socia	al security number							ice. If you are required	
STA	TEMENT	30	06-86-1552	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 i	identification number				1 1	Wages, tips, other comp	ensation	2 F	ederal income tax	withheld	
45	5-6662411					49637.56		16	895.0		
c Employer's	's name, address, and 2	IP code			3	Social security wages		4 S	ocial security tax	withheld	
Jimenez-Scott Group					40649.88		31	3109.72			
6862 Roy Rue				5	Medicare wages and tips		6 N	Thousand tax mamoid			
New Nicoleville MO 58401-5134					45813.73			1328.6			
New Nicoleville MO 38401-3134				7	7 Social security tips			8 Allocated tips			
						40649.88			4581		
d Control nu	umber				9	Advance EIC payment		10 D	ependent care be	enefits	
71	106181								196		
e Employee'	's first name and initial	Last name			11	Nonqualified plans		12a S	See instructions	for box 12	
,				257			E 5548				
ا ا	ason Acev	eao			13 State		Third-party	12b			
47	7726 Jona	than Spu	rs Suite 840		emp	loyee plan	sick pay		D 807		
	- l l	- -	00007 1001		14	Other (see enclosed Noti	ice to Employee	e) 12c	l		
JC	ohnboroug	h WY	02297-1921						774		
								12d	774		
								120	1		
									334		
1 77	's address and ZIP cod										
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income to	ax	18 Local wages, tips,	etc.	19 Local incor	me tax	20 Locality name	
MT	064-75	-732	24965.83	2171.33		41152.99	(6107.0	4	Robyn Knoll	
TX	520-22	-769	25252.71	2181.21		45076.69		7512.1	5	Collins Cliff	

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

