F	REISSUED	a Employee's socia	l security number			Sa	fe, Accurate,	ge 🚹		Visit the	IRS Website	
S	TATEMENT	47	0-82-4609	OMB N	lo. 1545-0	008 <b>FA</b>	ST! Use	J	≁file >	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld			
	12-5928428					118357.53				28267.04		
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
	Robinson Gr	oup PLC				141396.12				10816.8		
06498 Megan Green Apt. 677 Jasonmouth ID 44947-5312					5 Medicare wages and tips				6 Medicare tax withheld			
					112076.54 7 Social security tips				3250.22 8 Allocated tips			
Dasonmoden ID 44947 3312					1 '							
d Control number					141396.12			112076.54				
					9 Advance EIC payment 10 Dependent care benefits				enefits			
4779385									189			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					248			3550				
	Diana Thompson				13 Statutory Retirement Third-party				12b			
75630 Cindy Passage Apt. 391 Keithland OR 88601-7974					x plan sick pay  14 Other (see enclosed Notice to Employee)				E	485		
									12c			
									390			
									12d			
										937		
f Employee's address and ZIP code										951		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wa	ges, tips, etc.	19	Local income tax	(	20 Locality name	
UT	655-23	-493	64452.35	4049.41		115394.66 1		15	.5378.5		Thomas Pines	
MN	833-79	-662	56696.86	3284.1	141022.69		23	23238.57		Smith Gateway		

Wage and Tax

5070

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.

F	REISSUED	a Employee's soci	•		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						
S	TATEMENT	4	70-82-4609	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
<b>b</b> Emplo	<b>b</b> Employer identification number					Wages, tips, other compensation	Federal income tax withheld				
12-5928428					118357.53			28267.04			
<b>c</b> Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
Robinson Group PLC					141396.12			10816.8			
06498 Megan Green Apt. 677 Jasonmouth ID 44947-5312					5 Medicare wages and tips			6 Medicare tax withheld			
						112076.54	3250.22				
					7 Social security tips			8 Allocated tips			
					141396.12			112076.54			
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits		
	4779385								189		
e Emplo	yee's first name and initial	Last nam	е		11 Nonqualified plans			12a See instructions for box 12			
Diana Thompson				248  13 Statutory Retirement Third-party employee plan sick pay			3550 E 485				
	75630 Cindy Passage Apt. 391					X			_		
Keithland OR 88601-7974					14 Other (see enclosed Notice to Employee)			12c			
									390		
					!			12d			
									937		
f Emplo 15 State	eyee's address and ZIP con Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10	Local income tax		20 Locality name	
UT	655-23		64452.35	4049.41		= ' ' '		.5378.5		, ·	
UT	655-23	)-433 	04434.33	4049.41		113394.00	13	310.3		Thomas Pines	
MN	833-79	9-662	56696.86	3284.1		141022.69	23	238.57		Smith Gateway	

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

