REISSUED	a Employee's so	cial security number			,	Safe, Accurat	e,	adH.		Visit the	IRS Website	
STATEMEN [®]	Г 8	876-68-6545	OMB N	No. 1545-0	008 I	FAST! Use		7	U	at www.i	rs.gov/efile.	
b Employer identification number				1 \	1 Wages, tips, other compensation				Federal income tax withheld			
23-8786192					248438.01				56445.99			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Sharp Inc Group					276881.32				21181.42			
41978 Jacob Pike Apt. 042				5 Medicare wages and tips				6 Medicare tax withheld				
-					200771.16				5822.36			
Angelfort MS 26708-0256				7 Social security tips				8 Allocated tips				
					276881.32				200771.16			
d Control number					9 Advance EIC payment				10 Dependent care benefits			
5023666										286		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Phillip Neal				260			E 4216					
				13 Statutory Retirement Third-party employee plan sick pay				12b	i	1		
81493 Jonathan Point				X	7		X			209		
Port Carolynside DE 21750-4248				14 Other (see enclosed Notice to Employee)				12c	ĺ	i		
									G	442		
							12d					
										116		
f Employee's address an			T.= 2		T		1				1	
' '	ate ID number	16 State wages, tips, etc.	17 State income tax		3.,,,,,,,		-	Local income tax			20 Locality name	
FL 33	2-23-364	119168.19	9714.29		184671.22 2		29	9965.65			Angela Viaduct	
NJ 55	6-77-443	136278.02	10937.63		275016.49		27	27017.08			Timothy Avenue	

Wage and Tax
Form W-2 Statement

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 soc	•		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						
STA	TEMENT	8	76-68-6545	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employer in	b Employer identification number				1	Wages, tips, other compensation	Federal income tax withheld				
23-8786192					248438.01			56445.99			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Sharp Inc Group					276881.32			21181.42			
41978 Jacob Pike Apt. 042					5	Medicare wages and tips	6 Medicare tax withheld				
Angelfort MS 26708-0256					200771.16	5822.36					
				7	Social security tips	8 Allocated tips					
						276881.32	200771.16				
d Control nui	d Control number				9 Advance EIC payment			10 Dependent care benefits			
50	5023666							286			
e Employee's	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Pł	Phillip Neal					E 4216					
					13 Sta em	tutory Retirement Third-party ployee plan sick pay	12b	1			
81	81493 Jonathan Point				Х	x				209	
Po	Port Carolynside DE 21750-4248				14	Other (see enclosed Notice to Employ	12c				
								(G	442	
							12d				
							:	116			
f Employee's address and ZIP code 15 State					Trans.	1				Lag i iii	
	Employer's state ID n		16 State wages, tips, etc.			18 Local wages, tips, etc.		19 Local income ta			20 Locality name
FL	332-23	3-364	119168.19	9714.29		184671.22 2		29965.65			Angela Viaduct
NJ	556-7	7-443	136278.02	10937.63		275016.49	27	017.	08		Timothy Avenue

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

