F	REISSUED a Employee's social security number						Safe, Accurate, Visit the IRS Website						
S	TATEMENT	58	39-81-7233	OME	No. 1545-00	DB FAST!	Use	$G^{\prime\prime}$		at www.i	rs.gov/efile.		
<b>b</b> Emplo	yer identification number				1 W	1 Wages, tips, other compensation				Federal income tax withheld			
51-3030992						195537.08				28583.78			
<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			
Adams-Contreras Group						212836.1				16281.96			
1169 Ingram Road Apt. 095					5 N					6 Medicare tax withheld			
Bakerhaven CO 70733-3442						198842.11				5766.42			
					7 S	7 Social security tips				8 Allocated tips			
						212836.1				198842.11			
d Control number					<b>9</b> A	9 Advance EIC payment			10 Dependent care benefits				
6699393										287			
e Employee's first name and initial Last name					11 N	11 Nonqualified plans				12a See instructions for box 12			
						235				5124			
	Kathryn	Sexton	1			13 Statutory Retirement Third-party							
3179 David Mission					X emplo	employee plan sick pay			P	568			
Lake Nicholasland WV 99171-1722					14 0	14 Other (see enclosed Notice to Employee)							
										759			
										P 759			
									_				
									E	224			
f Emplo	eyee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	ax	18 Local wages, ti	ps. etc.	19 Loc	cal income to	ax	20 Locality name		
NY	462-30		99559.39	7121.52		225371.5			15.21		Walker Harbor		
	402 30			, , , , , , , , , , , ,			, 	309	-9.21		Harker Harbor		
sc	756-36	-249	93247.96	9400.22		141023.08 33		327	29.65	1	Miles Overpass		
Wage and Tax						Department of the TreasuryInternal Revenue Service							
Form W-2 Statement					ıU	Ŭ · · · · · · · · · · · · · · · · · · ·							

**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.

F	REISSUED a Employee's social security number					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	<b>STATEMENT</b> 589-81-7233 OMB No.					No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number					1	Wages, tips, other compensation				2 Federal income tax withheld			
51-3030992						195537.08				28583.78			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
	Adams-Contr		212836.1			16281.96							
1169 Ingram Road Apt. 095						5 Medicare wages and tips				6 Medicare tax withheld			
						198842.11				5766.42			
Bakerhaven CO 70733-3442					7 Social security tips				8 Allocated tips				
						212836.1			198842.11				
d Control number					9 Advance EIC payment				10 Dependent care benefits				
6699393											287		
e Emplo	e Employee's first name and initial Last name						11 Nonqualified plans			12a See instructions for box 12			
						235				5124			
	Kathryn Sexton						ment Third-party		12b		1		
3179 David Mission  Lake Nicholasland WV 99171-1722					_	employee plan sick pay  X  14 Other (see enclosed Notice to Employee)				P	568		
					14				12c		ı		
										P	759		
								ŀ	12d		1.00		
										E	224		
									<u> </u>				
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			9 Local income tax 20 Locality name					
NY	462-30		99559.39	7121.52		3.,,,,,,,			38915.21			Walker Harbor	
	402-30	, 013		, 121.32		2233/1		58	713			walker narbor	
sc	756-36-249 93247.96 9400.22				141023.08			32729.65			Miles Overpass		

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

