REIS	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website								
STAT	<b>TEMENT</b>	62	21-93-2701	OM	IB No. 1545-0	008 FAST!	Use	G~IL	le	at www.i	rs.gov/efile.		
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
25-1296474						88517.2				17949.92			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Bailey Group Inc						94425.21				7223.53			
628 Joseph Ridge Suite 646						5 Medicare wages and tips				6 Medicare tax withheld			
						75544.36	i		2190.79				
Port Melissaton AZ 16816-3336					7	1 222 222,				8 Allocated tips			
						94425.21				75544.36			
d Control number						9 Advance EIC payment			10 Dependent care benefits				
7236043										215			
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12				
Mitchell Cannon						239				D 2881			
						13 Statutory Retirement Third-party employee plan sick pay							
2391 Rebecca Causeway										D 749			
South Christiantown MA 79816-					14	14 Other (see enclosed Notice to Employee)				İ			
									169				
									12d				
									н	911			
f Employee's address and ZIP code										,			
15 State E	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income	tax	18 Local wages, ti	ps, etc.	19 Local in	come tax		20 Locality nam	ne	
HI	762-85	-103	44458.78	3419.98		76975.24		16880	16880.51		Salinas Pl	lace	
HI	839-99	-519	39886.67	2906.89		81596.3		14963	14963.73		Flores In	ılet	

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.

RE	ISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required									
STA	ATEMENT	62	21-93-2701	OMB	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 identification number						1 Wages, tips, other compensation				2 Federal income tax withheld				
25-1296474						88517.2				17949.92				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Bailey Group Inc						94425.21				7223.53				
628 Joseph Ridge Suite 646					5 1	5 Medicare wages and tips				6 Medicare tax withheld				
Port Melissaton AZ 16816-3336						75544.36				2190.79				
						7 Social security tips				8 Allocated tips				
						94425.21				75544.36				
d Control number						9 Advance EIC payment				10 Dependent care benefits				
7236043											215			
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
Mitchell Cannon 2391 Rebecca Causeway South Christiantown MA 79816-						239				D 2881				
						13 Statutory Retirement Third-party				12b				
						employee plan sick pay				D	749			
						) ) )	Nation to Family		12c		143			
						14 Other (see enclosed Notice to Employee)					I			
						!				169				
								ĺ	12d		ı			
										H	911			
f Employee's address and ZIP code								ľ			•			
15 State	Employer's state ID nu	umber	16 State wages, tips, etc.	17 State income ta	ax	18 Local wages,	ips, etc.	19 L	ocal inc	come tax		20 Locality name		
HI	762-85	5-103	44458.78	3419.98		76975.24 1		16	L6880.51			Salinas Place		
ні	839-99	9-519	39886.67	2906.89		81596.3		14	963	.73		Flores Inlet		

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

