REISSUE	a Employee's soci	ial security number			Safe, Acc	urate,		H	Visit the	IRS Website	
STATEMEN	IT 2	27-93-9926	OMB N	o. 1545-(0008 FAST! U	se	G ~L	II E	at www.i	rs.gov/efile.	
b Employer identification	number			1	1 Wages, tips, other compensation			2 Federal income tax withheld			
21-5504305				106940.78				28680.28			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
George Inc PLC				104268.63				7976.55			
70321 Sandoval Shoals Suite 258				5 Medicare wages and tips			6				
Port Luke OK 54074-4103				118894.83				3447.95			
Port Luke Ok 540/4-4103				7 Social security tips			8	8 Allocated tips			
				104268.63				118894.83			
d Control number				9 Advance EIC payment 10 Deper			ndent care benefits				
5688856								172			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12			
John Hernandez				198				н 7910			
				13 Statutory Retirement Third-party employee plan sick pay			12k	12b			
6205 Thomas Run Suite 077				em	ployee plan	sick pay		G	772		
Adamville WI 94182-9668				14 Other (see enclosed Notice to Employee)				;	1		
								н	713		
							120	12d			
								_	000		
								D	899		
f Employee's address a 15 State Employer's	nd ZIP code state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc	19 Local	income tax	·	20 Locality name	
	61-46-878	49130.57	4963.84		85339.32		1914			Griffin Lakes	
	OT-40-010	49130.37	4903.04		03339.32		T 2 T 4	5.36		Griffin Lakes	
иј 3	69-16-201	58372.81	4480.0		105905.2		1726	3.57	Fred Vista		

Wage and Tax

Form W-2 Statement

5010

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.

R	REISSUED	a Employee's socia	al 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						
	TATEMENT	22	27-93-9926	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employ	yer identification number				 Wages, tips, other compensation 			Federal income tax withheld			
21-5504305				106940.78			28680.28				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
George Inc PLC				104268.63			7976.55				
70321 Sandoval Shoals Suite 258 Port Luke OK 54074-4103				5 Medicare wages and tips			6 Medicare tax withheld				
				118894.83			3447.95				
				7 Social security tips			8 Allocated tips				
				104268.63			118894.83				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
5688856							172				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
John Hernandez				198			н 7910				
				13 Statutory Retirement Third-party			12b				
6205 Thomas Run Suite 077				emp	oyee plan sick pay		G	772			
0_00				14 (Ther (see enclosed Notice to Employ	(00)	12c	,,,			
Adamville WI 94182-9668				14 Other (see enclosed Notice to Employee)			120	1			
			н 713								
						12d	ı				
							D	899			
f Employee's address and ZIP code					-						
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income ta	х	20 Locality name	
MD	261-46	5-878	49130.57	4963.84		85339.32	19	143.38		Griffin Lakes	
NJ	369-16	5-201	58372.81	4480.0		105905.2	17	263.57		Fred Vista	

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

