REISSUED a E	mployee's social security number		Safe, Accurate, Visit the IRS Website							
STATEMENT	502-17-4114	OMB No	o. 1545-00	008 FAST! Us	e		at www	v.irs.gov/efile.		
b Employer identification number			1 Wages, tips, other compensation			2 F	Federal income tax withheld			
46-9777591				213974.28			30390.67			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Castro Group Ltd			177618.56			13	13587.82			
750 Richard Squares Suite 424			5 Medicare wages and tips			6 N				
New Jose NM 93191-3738				155672.92			4514.51			
New bose MM 93191 3730			7 Social security tips			8 A	8 Allocated tips			
				177618.56			155672.92			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
2917489						274				
e Employee's first name and initial	Last name		11 N	lonqualified plans		12a S	ee instruction	s for box 12		
Martin Mcbride			268]	D 8969			
			13 Statutory Retirement Third-party			12b				
752 Ryan Fork Suite 826			emplo	pyee plan	sick pay		267			
Paulton PA 41955-7152			14 C	Other (see enclosed Notice	e to Employee) 12c	i			
1441555 /152] 1	576			
						12d	1			
							879			
f Employee's address and ZIP code										
15 State Employer's state ID number	9	17 State income tax		18 Local wages, tips, e		9 Local incor		20 Locality name		
NC 401-22-5	77 102381.52	7915.61		259471.09	3	30439.	33	Danielle Mills		
IN 067-20-4	93 111191.93	7365.06		190403.0	2	21730.	16	Blake Radial		

Wage and Tax Statement

Form W-2

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.

RI	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required					
	ATEMENT	50	2-17-4114	OMB N	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 V	/ages, tips, other compensation	2 Federal income tax withheld					
46-9777591			213974.28			30390.67				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Castro Group Ltd			177618.56			13587.82				
750 Richard Squares Suite 424 New Jose NM 93191-3738			5 Medicare wages and tips			6 Medicare tax withheld				
			155672.92			4514.51				
			7 Social security tips			8 Allocated tips				
			177618.56			155672.92				
d Control number			9 Advance EIC payment			10 Dependent care benefits				
2917489						274				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Martin Mcbride 752 Ryan Fork Suite 826 Paulton PA 41955-7152			268			D 8969				
			13 Statutory Retirement Third-party			12b				
			employee plan sick pay 14 Other (see enclosed Notice to Employee)			267				
						12c				
						_				
						D 576				
						12d	İ			
						879				
	ee's address and ZIP cod									
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	tax 18 Local wages, tips, etc. 19 Local income tax		ax	20 Locality name		
NC	401-22	-577	102381.52	7915.61	259471.09 30		0439.33		Danielle Mills	
IN	067-20	-493	111191.93	7365.06		190403.0	21	730.16	;	Blake Radial

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

