REISSUED a Employee's social se	•			Safe, Accur	ate,		Visit the IRS Website		
STATEMENT 760	-70-6926	OMB No	. 1545-00	08 FAST! Use		**file	at www.irs.gov/efile.		
b Employer identification number		•	1 V	ages, tips, other compen	sation	2 Federa	I income tax withheld		
40-6889960				42570.64		6526.95			
c Employer's name, address, and ZIP code			3 S	ocial security wages		4 Social security tax withheld			
Rowe Group LLC				51077.13		3907.4			
478 Rice Vista Apt. 465 Johnsonstad SC 10040-4619			5 M	edicare wages and tips		6 Medicare tax withheld			
				54518.32		1581.03			
Johnsonstad SC 10040-4619			7 S	ocial security tips		8 Allocated tips			
				51077.13			54518.32		
d Control number			9 A	dvance EIC payment		10 Depend	dent care benefits		
7873632							247		
e Employee's first name and initial Last name			11 N	onqualified plans		12a See in	structions for box 12		
Wendy Blair			112			3562			
			13 Statutory Retirement Third-party employee plan sick pay			12b	1		
273 Adam Corner			X		X	G	887		
Rayview AL 94286-4481			14 Other (see enclosed Notice to Employee)			12c	i		
						P	345		
						12d			
							675		
f Employee's address and ZIP code 15 State Employer's state ID number 1	C Ctataaaa tiaa ata	7 State income tax		40	. 140	Local income tax			
	3,.,.,			18 Local wages, tips, etc	·				
IA	19179.47	2044.98		36288.09	7	266.56	James Summ	mit	
IA 769-76-952 2	21622.29	2044.95		42254.78	4	681.16	Karen Terra	ace	

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.

F	REISSUED	a Employee's soci	•		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	7	60-70-6926	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Emplo	b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld				
40-6889960			42570.64			6526.95					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Rowe Group LLC				51077.13			3907.4				
478 Rice Vista Apt. 465				5 Medicare wages and tips			6 Medicare tax withheld				
Johnsonstad SC 10040-4619			54518.32			1581.03					
			7 Social security tips			8 Allocated tips					
				51077.13			54518.32				
d Contro	ol number				9 /	Advance EIC payment		10	Depend	dent care b	enefits
	7873632									247	
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Wendy Blair			112			3562					
Wendy Blair				13 Statutory Retirement Third-party employee plan sick pay			12b				
273 Adam Corner			X X			G 887					
Rayview AL 94286-4481			14 Other (see enclosed Notice to Employee)			12c					
							P	345			
					ļ			12d			
								675			
	oyee's address and ZIP coo		140 Olate and the sale	17 State income tax		I do I and a see See at	10.1	12	ome tax		00 1
15 State	Employer's state ID no		16 State wages, tips, etc.			18 Local wages, tips, etc.				i	20 Locality name
IA	767-71	L-425	19179.47	2044.98		36288.09	72	66.	56		James Summit
IA	769-76	5-952	21622.29	2044.95		42254.78	46	81.	16		Karen Terrace

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

