REISSUED	REISSUED a Employee's social security number			Safe, Accurate,					Visit the IRS Website			
STATEMENT	7	47-14-6788	OMB N	No. 1545-000	8 FAST! Us	se 📉	<b>5</b> ~11	le)	at www.i	rs.gov/efile.		
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld				
80-0789784					233371.05				39170.84			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Lang Ltd Group					2	20299.15						
34222 Karen Station Apt. 526									6 Medicare tax withheld			
Christinaland AK 43142-1638					303120.33				8790.49			
CHIISCINAIANA AN 45142-1050					7 Social security tips			8 Allocated tips				
					265348.35			303120.33				
d Control number					* *				dent care be	enefits		
2575142								193				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
				205				7456				
Donald Berg					13 Statutory Retirement Third-party employee plan sick pay				i			
7823 Kaylee Parkway					Simple year Sinterpary			164				
New Christopherhaven LA 15237-38					her (see enclosed Not	ice to Employe	ee) 12c		i			
									338			
								12d				
								P	970			
f Employee's address and				<u> </u>								
	Employer's state ID number 16 State wages, tips, etc. 17 State income tax			3.7,7,7		19 Local inc	D Local income tax		20 Locality name			
ME 76	2-25-506	110423.11	8958.43		200396.75 4		43051	3051.46		Brennan Run		
MD 99	3-91-152	123914.88	10473.01		292198.21		40162	.59		Craig Expressway		

Wage and Tax

Form W-2 Statement

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.

R	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required								
ST	<b>TATEMENT</b>	74	17-14-6788	OMB N	OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on year. this income is taxable and you fail to report it.						e imposed on you if		
<b>b</b> Employ	<b>b</b> Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld					
80-0789784					233371.05			39170.84					
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Lang Ltd Group					265348.35			20299.15					
34222 Karen Station Apt. 526				5 Medicare wages and tips				6 Medicare tax withheld					
	Christinaland AK 43142-1638					303120.33				8790.49			
'						7 Social security tips			8 Allocated tips				
					265348.35			303120.33					
<b>d</b> Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	2575142									193			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
	Donald Bone				205			7456					
	Donald Berg					tory Retirement Third-party  pyee plan sick pay		12b		ı			
7823 Kaylee Parkway										164			
:	New Christopherhaven LA 15237-38					Other (see enclosed Notice to Employ	yee)	12c		I			
									G	338			
							ŀ	12d					
									P 970				
f Employ	yee's address and ZIP code	e											
15 State	Employer's state ID nur	mber	16 State wages, tips, etc.	17 State income tax	come tax 18 Local wages, tips, etc. 19 Local income		ome tax	tax 20 Locality name					
ME	762-25	-506	110423.11	8958.43	3 200396.75 43051.46			Brennan Run					
MD	993-91	-152	123914.88	10473.01		292198.21	40	162	. 59		Craig Expressway		

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

