REISSUED a Employee's social security number		Safe, Accurate,				Visit the IRS Website			
STATEMENT 597-07-0209	OMB N	o. 1545-000	FAST! Use			at www.i	rs.gov/efile.		
b Employer identification number		1 Wa	ages, tips, other compens	ation	2 Fe	ederal income ta	x withheld		
47-0525050			152430.3			20262.11			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Hall-Thomas Group			193939.65			14836.38			
74846 Paul Manors Suite 090			5 Medicare wages and tips			6 Medicare tax withheld			
New Johnmouth NY 16955-7	193893.11			5622.9					
New Commication N1 10955 7242			7 Social security tips			8 Allocated tips			
			193939.65 9 Advance EIC payment			193893.11			
d Control number			vance EIC payment		10 De	ependent care b	enefits		
7380040						255			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Gabrielle Heath			253			4687			
				Third-party sick pay	12b	ı			
3360 Vanessa Cape Apt. 346						644			
Port Jasonstad SC 33122-8173			14 Other (see enclosed Notice to Employee)			i i			
						707			
						12d			
					F	1 180			
f Employee's address and ZIP code						l .			
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips, etc	. 19	Local incom	ne tax	20 Locality name		
NV 060-57-140 72226.47	8179.26		161415.87	1	7292.	5	Valerie Walk		
KY 776-15-989 73356.74	7613.73		110518.99	24	4103.4	47	Castillo Port		

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.

F	REISSUED	a Employee's social security nur	mber		This information is being furnished to the Internal Revenue Service. If you are required					
_	TATEMENT	597-07-0	0209	OMB No	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			Wages, tips, other compensation			Federal income tax withheld				
47-0525050			152430.3			20262.11				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Hall-Thomas Group			193939.65			14836.38				
74846 Paul Manors Suite 090 New Johnmouth NY 16955-7242			5 Medicare wages and tips			6 Medicare tax withheld				
			193893.11			5622.9				
			7 Social security tips			8 Allocated tips				
				193939.65			193893.11			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
7380040							255			
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Gabrielle Heath 3360 Vanessa Cape Apt. 346			253 13 Statutory Retirement Third-party			4687				
			employee plan sick pay			644				
Port Jasonstad SC 33122-8173			14	Other (see enclosed Notice to Employ	ree)	12c				
						P	707			
								12d		
						н 180				
f Employee's address and ZIP code				1				T		
15 State	Employer's state ID nu		g-c,p-c, -1	State income tax				19 Local income tax		20 Locality name
NV	060-57	-140 72226	.47 83	179.26		161415.87	17	292.5		Valerie Walk
KY	776-15	-989 73356	.74 70	613.73	73 110518.99 24103.47			Castillo Port		

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

