REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS	S Website		
STATEMENT 192-67-3262	OMB No. 1545-0008 FAST! Use at www.irs.	gov/efile.		
<b>b</b> Employer identification number	1 Wages, tips, other compensation 2 Federal income tax with	ithheld		
06-6105986	238111.55 71007.86	71007.86		
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax with	4 Social security tax withheld		
Bryant Ltd Group	309486.28 23675.7	23675.7		
82582 William Cape Suite 370				
Scottside ND 93090-3134		5965.18		
Scottside ND 93090 3134	7 Social security tips 8 Allocated tips			
	309486.28 205695			
d Control number	9 Advance EIC payment 10 Dependent care bene	fits		
4117628	198			
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for	box 12		
3 77:11	157 E 7053			
Ann Hill	13 Statutory Retirement Third-party 12b			
39572 Jack Trail Apt. 308	employee plan sick pay			
New Sarahside MN 56848-7193	14 Other (see enclosed Notice to Employee) 12c			
1.0 5414115146 111. 00010 7130	н 682			
	12d			
	E 399			
f Employee's address and ZIP code				
15 State         Employer's state ID number         16 State wages, tips, etc.         17 State	come tax 18 Local wages, tips, etc. 19 Local income tax 20	0 Locality name		
AL 731-42-442 121453.85 6858	46 287711.19 46607.9 M	Miller Oval		
NM 479-35-220 120041.89 9397	15 301013.17 24688.05 g	Gomez Coves		

Wage and Tax Statement 5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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	al security number			This information is being furni	shed to	o the Interna	Revenue Serv	ice. If you are required	
	TATEMENT	19	92-67-3262	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>b</b> Emplo	oyer identification number			·	1	Wages, tips, other compensation		<b>2</b> Fed	deral income ta	x withheld	
06-6105986				238111.55			71007.86				
c Employer's name, address, and ZIP code			3	Social security wages	4 Social security tax withheld						
Bryant Ltd Group			309486.28			23675.7					
82582 William Cape Suite 370 Scottside ND 93090-3134			5 Medicare wages and tips 205695.97			6 Medicare tax withheld 5965.18					
									7 Social security tips		
									309486.28		
d Contro	ol number				9	Advance EIC payment		10 De	pendent care b	enefits	
	4117628								198		
e Employee's first name and initial Last name			11	11 Nonqualified plans 12a See instructions for box 12				for box 12			
			157			E 7053					
Ann Hill				<b>13</b> Sta		,	12b				
39572 Jack Trail Apt. 308			employee plan sick pay  14 Other (see enclosed Notice to Employee)				705				
New Sarahside MN 56848-7193						12c	1				
New Balansiae PM 30040 7133						н	682				
								12d			
								E	399		
l								E	399		
f Emplo 15 State	oyee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	110	Local income	a toy	20 Locality name	
						0					
AL	731-42	-442	121453.85	6858.46		287711.19	46	607.9	' 	Miller Oval	
NM	479-35	5-220	120041.89	9397.15		301013.17	24	1688.0	5	Gomez Coves	

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

