REISSUED a Employee's social security number							Safe, Acc	urate,	e D	.∠GH		Visit the	IRS Website
ST	ATEMENT	62	29-21-5639	OMB N	o. 1545-	8000	FAST! Us	e "	G		e	at www.i	rs.gov/efile.
b Employ	er identification number				1 Wages, tips, other compensation					2 Federal income tax withheld			
9	94-3413689				231886.02					83300.59			
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld			
Stephens Group Group 512 Garcia Coves North Michael DC 58032-9737					169067.9					12933.69			
					5 Medicare wages and tips					6 Medicare tax withheld			
					165263.55					4792.64			
					7 Social security tips					8 Allocated tips			
					169067.9					165263.55			
d Control					9 Advance EIC payment				10 Dependent care benefits				
7	7026438								271				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
William Fox					262					E 4274			
					13 Statutory Retirement Third-party employee plan sick pay					12b			
3345 Hutchinson Expressway East Gina TX 59420-6898						X Sick pay					н	398	
						14 Other (see enclosed Notice to Employee)				12c			
East Gina in 39420-0090											н	920	
									-	12d			
											_	207	
l									-		P	397	
f Employ	ree's address and ZIP cod- Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ļ	18 Lo	cal wages, tips,	etc.	19 L	ocal inco	ome tax	:	20 Locality name
NV	502-86		105434.83	5654.12			262.15		-	903.			Cherry Ways
													1
MI	501-38	-951	124386.99	7208.8	255555.58			369	36992.36			Andrea Cliffs	

Wage and Tax

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.

	REISSUED	a Employee's soc	•	OMB N	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																						
	STATEMENT 029 21 3039					this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld																					
b Employer identification number						231886.02																					
94-3413689						3 Social security wages				83300.59 4 Social security tax withheld																	
c Employer's name, address, and ZIP code						• =				*																	
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															NOI CII MICHAEL DC 30032-9737					7 Social security tips				8 Allocated tips			
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	7026438									271																	
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12																	
		262				E 4274																					
	William Fox					13 Statutory Retirement Third-party																					
3345 Hutchinson Expressway East Gina TX 59420-6898					employee plan sick pay				н	398																	
					14 Other (see enclosed Notice to Employee)			120																			
					14 Other (see enclosed Notice to Employee)					Ī																	
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15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local inc			20 Locality name																
NV	502-8	6-689	105434.83	5654.12		236262.15	35	903	. 46		Cherry Ways																
MI	501-3	3-951	124386.99	7208.8		255555.58	36	992	. 36		Andrea Cliffs																

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

