REISSUED	EISSUED a Employee's social security number			Safe, Accurate,			-ZH		t the IRS Website	
STATEMENT	52	26-12-9991	OMB No	o. 1545-00	08 FAST! Use			at w	ww.irs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
32-7490237					104640.89		13309.3			
c Employer's name, address, and	ZIP code			3 Social security wages			4 Social security tax withheld			
Payne, Shaffer and Mitchell Group				87298.78			6678.36			
2288 Donna Lodge				5 Medicare wages and tips			6 Medicare tax withheld			
South Joseph IL 33538-4234			80739.57			2341.45				
			7 Social security tips			8 Allocated tips				
				87298.78			80739.57			
d Control number			9 A	dvance EIC payment		10	•	care benefits		
6275395							21	.9		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Adriana Ryan			166			3918				
			13 Statutory Retirement Third-party employee plan sick pay			12b				
06004 Allison Heights			empio	pyee plan	sick pay		E 85	52		
Warrenland NH 08974-4749				14 C	ther (see enclosed Notic	e to Employee)	12c	1		
								32	23	
			<u> </u>			12d				
								G 58		
(F	1.							G 30	00	
f Employee's address and ZIP coo		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	tc. 19	Local inco	me tax	20 Locality name	
OK 554-62		54307.9	3652.33		101133.42		3464.	33	Johnny Pike	
OR 192-60	900	56265.34	5768.89		120615.05	1	4283.	36	Juan Unions	

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 number			This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	526-12-9991	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 Emplo	b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
32-7490237				104640.89			13309.3				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Payne, Shaffer and Mitchell Group				87298.78			6678.36				
2288 Donna Lodge				5 Medicare wages and tips			6 Medicare tax withheld				
				80739.57			2341.45				
	South Joseph IL 33538-4234				7 Social security tips			8 Allocated tips			
				87298.78			80739.57				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	6275395							219			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
				166			3918				
	Adriana Ryan				tory Retirement Third-party		12b				
06004 Allison Heights				employee plan sick pay			E 852				
Warrenland NH 08974-4749			14 (Other (see enclosed Notice to Employ	ree)	12c					
Walleliand Nn 009/4-4/49				1			323				
							12d				
							G	588			
f Emplo	yee's address and ZIP code										
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 I	Local income tax		20 Locality name		
OK	554-62-469	54307.9	3652.33		101133.42	13	464.33		Johnny Pike		
OR	192-60-900	56265.34	5768.89		120615.05		.4283.36		Juan Unions		

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

