REIS	SUED	a Employee's socia	l security number			Safe, A	ccurate,	*e~fi		Visit the	IRS Website		
STATE	EMENT	50	3-61-5369	OMB	No. 1545-00	008 FAST!	Use	G~II		at www.i	rs.gov/efile.		
b Employer identification number					1 \	1 Wages, tips, other compensation			2 Federal income tax withheld				
31-4049713						80578.46			16259.34				
c Employer's na	ame, address, and 2	IP code			3 5	3 Social security wages			4 Social security tax withheld				
Hall Ltd Group						98254.33			7516.46				
1094 Potter Drive					5 1				6 Medicare tax withheld				
South Briannamouth NV 39435-1877						79929.37				2317.95			
					7 5	7 Social security tips				8 Allocated tips			
						98254.33			79929.37				
d Control numb	er				9 /	9 Advance EIC payment			10 Dependent care benefits				
665	7348								171				
e Employee's first name and initial Last name					11 1	11 Nonqualified plans			12a See instructions for box 12				
No. 4						294			D 8562				
мат	Matthew Boyer					13 Statutory Retirement Third-party employee plan sick pay				i			
516 Fowler Lake Lawsonburgh VT 98623-2923					X Suck pay				G	315			
					14 (	14 Other (see enclosed Notice to Employee)							
									D	906			
									12d				
										529			
f Employee's address and ZIP code													
	nployer's state ID nu		16 State wages, tips, etc.	17 State income tax	x	18 Local wages, tip	os, etc.	19 Local in			20 Locality name		
CT	996-19	-796	38060.47	2035.36		86206.9		12072	. 68		Crystal Canyon		
VA	050-67	-865	42177.24	2247.24		95139.52		12704	.25		Ferguson View		

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 soci	al security number			This information is being furnis	hed to the	Internal Re	venue Serv	ice. If you are required		
STATEMENT	to file a tax return, a negligence penalty or other sanction may be imposed on you if								e imposed on you if		
	b Employer identification number					2	2 Federal income tax withheld				
31-4049713					80578.46			16259.34			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Hall Ltd Group					98254.33			7516.46			
1094 Potter Drive South Briannamouth NV 39435-1877					ledicare wages and tips	6	6 Medicare tax withheld 2317.95 8 Allocated tips				
					79929.37						
					ocial security tips	8					
					98254.33			79929.37			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
6657348							171				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
				294			D 8562				
Matthew Boyer 516 Fowler Lake Lawsonburgh VT 98623-2923					13 Statutory Retirement Third-party sick pay  X X X X  14 Other (see enclosed Notice to Employee)			1			
								315			
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								529			
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					40	10 1	l income ta		20 1		
1 ' '		16 State wages, tips, etc.			10			20 Locality name			
CT 996-1	9-796	38060.47	2035.36	86206.9		1207	2072.68		Crystal Canyon		
VA 050-6	7-865	42177.24	2247.24	95139.52		1270	.2704.25		Ferguson View		

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

