R	REISSUED	a Employee's socia	I security number			Sat	e, Accurate,	29 A	Ha	Visit the	IRS Websit	e	
ST	<b>TATEMENT</b>	27	6-18-1261	OMB N	o. 1545-0	008 <b>FA</b>	ST! Use	6	file	at www.i	rs.gov/efile.		
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
43-3611090						102288.97				11993.77			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Giles PLC Group					129681.48				9920.63				
1472 Gutierrez Lakes					5 Medicare wages and tips				6 Medicare tax withheld				
					89098.52				2583.86				
	South Josephstad DE 65295-1461				7 Social security tips			8	8 Allocated tips				
					129681.48				89098.52				
<b>d</b> Contro	ol number				9 Advance EIC payment			10	10 Dependent care benefits				
6582438									278				
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12					
					289				2649				
Laurie Young					13 Statutory Retirement Third-party employee plan sick pay				!b	1			
578 Michelle Course					X X SICK PAY				н 689				
Cesarborough OR 63527-2257					14 Other (see enclosed Notice to Employee)				!c	1			
									891				
									12d				
									P	758			
									P	756			
15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wag	es, tips, etc.	19 Loca	I income ta	x	20 Locality	name	
RI	920-47		48646.96	2547.12		73791.	· ·		9.85		Alvarez		
				†		1		†			†		
MD	051-09	-743	55294.53	2430.34		104066	.41	1390	9.42		Gibson	Lane	

Wage and Tax

Form W-2

5070 **Statement** 

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.

	FIGOLIED	a Employada agair	l courity number			This information is being furnis	hod to	the Internal Per	ronuo Sonr	ico. If you are required		
	to file a ta				to file a tay return, a negligence							
<b>STATEMENT</b> 276-18-1261 OMB No.						this income is taxable and you fail to report it.						
b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld				
43-3611090					102288.97			11993.77				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Giles PLC Group					129681.48			9920.63				
1472 Gutierrez Lakes South Josephstad DE 65295-1461					5	Medicare wages and tips	6 Medicare tax withheld					
					89098.52			2583.86				
					7 Social security tips			8 Allocated tips				
					129681.48			89098.52				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	6582438							278				
e Employ	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
	Laurie Young				289			2649				
					13 Statutory Retirement Third-party employee plan sick pay			12b	1			
	578 Michelle Course Cesarborough OR 63527-2257					X X Star Pay  14 Other (see enclosed Notice to Employee)			н 689			
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	yee's address and ZIP cod		Transis is a	Transition in		Train in the second	1.0			Lag I III		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name		
RI	920-47	-463	48646.96	2547.12		73791.95	19	429.85		Alvarez Fort		
MD	051-09	-743	55294.53	2430.34		104066.41	13	909.42		Gibson Lane		

Wage and Tax

**Statement** Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

