REISSUED a Employee's social security number						Safe, Acc	urate,			Visit the	IRS Webs	site	
ST	ATEMENT	01	.1-50-5045	OMB N	No. 1545-00	08 FAST! U	se	571	le	at www.i	rs.gov/efile	Э.	
b Employer identification number					1 W	 Wages, tips, other compensation 			Federal income tax withheld				
65-3680213						241558.6			74858.78				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Allen Group LLC						249639.14			19097.39				
995 Clark Lock Suite 139					5 M				6 Medicare tax withheld				
New Dylantown AR 26647-1366						201981.13				5857.45			
					7 Social security tips				8 Allocated tips				
						249639.14				201981.13			
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
3318407									226				
e Employ	ee's first name and initial	Last name			11 N	11 Nonqualified plans			12a See instructions for box 12				
						162			D 5632				
Julie Hill						13 Statutory Retirement Third-party							
8254 Kimberly Gateway Suite 825 Stephanieborough AL 67943-6514						employee plan sick pay X 14 Other (see enclosed Notice to Employee)				297			
						ther (see enclosed Not	ice to Employee	e) 12c		ı			
										152			
									12d				
									D	278			
f Employ	ee's address and ZIP cod	e								1			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips,	etc. 1	19 Local in	come tax	(20 Localit	y name	
MD	118-17	-332	123218.77	7104.87		192751.74	3	35926	.79		Perry	Lodge	
MI	520-26	-191	129914.64	9414.84		210333.21 2		27924	27924.32		James	Crest	
Wage and Tax Statement						Department of the TreasuryInternal Revenue Service							

Statement Form W-2 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 furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	0:	11-50-5045	OMB N	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 Employer identification number						Wages, tips, other compensation	Federal income tax withheld					
65-3680213						241558.6			74858.78			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Allen Group LLC						249639.14			19097.39			
995 Clark Lock Suite 139						Medicare wages and tips	6 Medicare tax withheld					
New Dylantown AR 26647-1366						201981.13	5857.45					
					7 Social security tips			8 Allocated tips				
					249639.14			201981.13				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
3318407									226			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans 12a See instructions for box						
	Julie Hill					162 utory Retirement Third-party	D 5632					
8254 Kimberly Gateway Suite 825 Stephanieborough AL 67943-6514					employee plan sick pay X 14 Other (see enclosed Notice to Employee)			297				
								12c				
								152				
									12d			
								D 278				
f Emplo 15 State	eyee's address and ZIP cod Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10	Local income tax		20 Localit	, nomo	
	· ·		9			= ' ' '					•	
MD	118-17	1-332	123218.77	7104.87		192751.74	35	926.79		Perry	тодде	
MI	520-26	5-191	129914.64	9414.84		210333.21	27	924.32		James	Crest	

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

