REISSUED	a Employee's socia	•			Safe	, Accurate,	260	HIO	Visit the	IRS Webs	ite		
STATEMENT	48	30-79-1733	OMB N	lo. 1545-0	008 FAS	T! Use	G	file)	at www.i	rs.gov/efile	9.		
b Employer identification number				1 '	Vages, tips, other	compensation		2 Federal income tax withheld					
60-0102809					221807.81			60927.71					
c Employer's name, address, and ZIP code				3	3 Social security wages				4 Social security tax withheld				
Sharp-Patel Group					161347.6			12343.09					
96725 Carrillo Terrace Suite 448				5 Medicare wages and tips				6 Medicare tax withheld					
Comparison AV 20725-1220				176339.73				5113.85					
Coreyberg AK 39735-1320				7 Social security tips				8 Allocated tips					
				161347.6				176339.73					
d Control number				9 Advance EIC payment			1	10 Dependent care benefits					
719724								155					
e Employee's first name and initial Last name				11 Nonqualified plans			1	12a See instructions for box 12					
_				247				P 8184					
Haley Wu				13 Statutory Retirement Third-party employee plan sick pay			1	12b					
95167 Robinson Plains Suite 301				X	oyee plan	sick pay			400				
Velazquezside NM 43511-0967					Other (see enclos	ed Notice to Emplo	yee) 1	12c	i				
									306				
								12d					
								D	997				
f Employee's address and ZIP c	ode								1				
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax	•	18 Local wage	s, tips, etc.	19 Loc	cal income tax	(20 Locality	y name		
ND 416-2	2-343	100959.88	5588.14		185713	. 52	431	79.45		Perry	Green		
MI 418-9	5-957	110149.73	6609.58		162289.59		390	39002.39		Robert	Lodge		

Wage and Tax Statement 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 socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	48	30-79-1733	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	b Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld			
60-0102809				221807.81			60927.71				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Sharp-Patel Group				161347.6			12343.09				
96725 Carrillo Terrace Suite 448				5 N	Medicare wages and tips		6 Medicare tax withheld				
Coreyberg AK 39735-1320					176339.73		5113.85				
					7 Social security tips			8 Allocated tips			
					161347.6		176339.73				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
719724							155				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Haley Wu 95167 Robinson Plains Suite 301					247 P 13 Statutory Retirement Third-party 12b employee plan sick pay			8184			
95107 RODINSON Plains Suite 501								400			
Velazquezside NM 43511-0967				14 Other (see enclosed Notice to Employee)			12c				
							E 306				
							12d	1			
								997			
f Employee's address and ZIP code								•			
15 State Employer's state ID r	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	cal income tax		20 Locality	name	
ND 416-2	2-343	100959.88	5588.14		185713.52		43179.45		Perry	Green	
MI 418-9	5-957	110149.73	6609.58		162289.59	390	02.39		Robert	Lodge	

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

