F	REISSUED	a Employee's socia	l security number			Safe,	Accurate,	200	H	Visit the	IRS Webs	ite		
S	TATEMENT	58	31-14-0953	OMB I	No. 1545-0	008 FAST !	Use	G	ile	at www.i	rs.gov/efile	١.		
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld					
35-6586712						241497.96			50726.38					
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld				
Powell Group and Sons						238147.65				18218.3				
12428 Stephens Canyon Patriciafort DC 06608-1198					5 Medicare wages and tips				6 Medicare tax withheld					
					239654.69				6949.99					
	Patriciator	C DC 0000	0-1190		7 Social security tips				8 Allocated tips					
						238147.65			239654.69					
d Contro	ol number				9	9 Advance EIC payment			10 Dependent care benefits					
	5131105								143					
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
						250			н 8550					
	Robert Meyer				13 Statutory Retirement Third-party employee plan sick pay)	1				
	449 Richards Tunnel Apt. 072					X Other (see enclosed Notice to Employee)				183				
West Howardview NY 17232-2392					14					i				
									D 124					
									12d					
									P	134				
f Emplo	yee's address and ZIP cod	е								•				
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages,	tips, etc.	19 Local	income ta	x	20 Locality	name		
FL	145-84	-873	118178.89	9674.32		251300.	25	3718	1.47		Ortega	Mount		
ID	255-62	-143	121408.32	13314.48		183328.	49	2986	2.86		Craig	Well		

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												
S	TATEMENT	5	81-14-0953	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 Emplo	b Employer identification number					1 Wages, tips, other compensation				Federal income tax withheld			
35-6586712					241497.96			50726.38					
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Powell Group and Sons					238147.65			18218.3					
	12428 Stepl	5 Medicare wages and tips 239654.69				6 Medicare tax withheld 6949.99							
	_												
	Patriciafort DC 06608-1198					7 Social security tips				8 Allocated tips			
						238147.65			239654.69				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	5131105								143				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
	Debent Me	250			н 8550								
	Robert Meyer 449 Richards Tunnel Apt. 072 West Howardview NY 17232-2392					tory Retirement Third-party byee plan sick pay		12b		i			
						X plan sick pay 14 Other (see enclosed Notice to Employee)			G	183			
										I			
									D	124			
								12d					
									P	134			
	yee's address and ZIP co												
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.			come tax		20 Locality name		
FL	145-84	4-873	118178.89	9674.32		251300.25	37	181	.47		Ortega Mount		
ID	255-62	2-143	121408.32	13314.48		183328.49	29	862	.86		Craig Well		

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

