REISSUED a Empl	oyee's social security number 273-15-6127	OMB No	o. 1545-00	Safe, Accura	ate,	~file	Visit the IRS Website at www.irs.gov/efile.			
b Employer identification number	273 13 0127			Vages, tips, other compens	ation	2 Federa	I income tax withheld			
32-2115814				227133.39		47568.54				
c Employer's name, address, and ZIP code				ocial security wages		4 Social security tax withheld				
Williams Group LLC				250601.3		19171.0				
523 Alexandra Ports				Medicare wages and tips		6 Medicare tax withheld				
Huynhborough VA 72687-7190				173026.93		5017.78				
nayimboloagii vii /2007 /150			7 Social security tips			8 Allocated tips				
				250601.3			173026.93			
d Control number			9 A	dvance EIC payment		10 Depend	dent care benefits			
6593454							132			
e Employee's first name and initial	Last name		11 N	lonqualified plans		12a See in	structions for box 12			
Matthew Kaiser			152			9952				
			13 Status emplo		Third-party sick pay	12b				
68598 Susan Islands Suite 609			empio	lyee plan	SICK Pay	E	495			
Benjaminburgh MS 69033-2118			14 C	Other (see enclosed Notice	to Employee)	12c	İ			
						D	467			
						12d				
							220			
f Employee's address and ZIP code										
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc	. 19	Local income tax	20 Locality name			
FL 185-03-292	109430.23	5058.2		181655.4	37	7265.7	Angel Pine			
CT 414-46-123	117410.78	5222.53		170518.84	37	7306.89	Baker Club			

Wage and Tax Statement

5010

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required									
S	TATEMENT	2.	73-15-6127	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					2 Federal income tax withheld					
32-2115814					227133.39					47568.54				
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld				
Williams Group LLC					250601.3					19171.0				
523 Alexandra Ports					5 Medicare wages and tips					6 Medicare tax withheld				
Huynhborough VA 72687-7190				173026.93					5017.78					
				7 Social security tips					8 Allocated tips					
				250601.3					173026.93					
d Control number				9 Advance EIC payment					10 Dependent care benefits					
	6593454											132		
e Employee's first name and initial Last name			11 Nonqualified plans					12a See instructions for box 12						
Matthew Kaiser			152 13 Statutory Retirement Third-party					9952						
			employee plan sick pay					1						
68598 Susan Islands Suite 609			E 495											
Benjaminburgh MS 69033-2118			14 Other (see enclosed Notice to Employee)				ee)	12c						
								D 467						
									-	12d				
								220						
	yee's address and ZIP co		10 000000000000000000000000000000000000	17 State income tax		140 1 1	*:*-		40.1	ocal inco			00 1	
15 State	Employer's state ID no		16 State wages, tips, etc.				ges, tips, etc.						20 Locality	
FL	185-03	3-292	109430.23	5058.2		181655.4		372	37265.7			Angel	Pine	
СТ	414-46	5-123	117410.78	5222.53		17051	8.84		37:	306	.89		Baker	Club

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

