F	EISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
S	FATEMENT	38	6-70-3440	OMB N	o. 1545-0	008 FAST	! Use	G	IIIE	at www.i	rs.gov/efile).	
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
	67-2167638					62806.27			17709.25				
c Emplo	yer's name, address, and 2	ZIP code			3	3 Social security wages			4 Social security tax withheld				
	Gray Inc Gr	oup				45695.63			3495.72				
500 Cruz Extension					5 Medicare wages and tips				6 Medicare tax withheld				
					55758.49				1617.0				
	Port Michael DC 31956-7226					7 Social security tips				8 Allocated tips			
					45695.63				55758.49				
d Control number					9	9 Advance EIC payment 10			Deper	Dependent care benefits			
9943565									100				
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12				
	Audrey Brown					132			7272				
						13 Statutory Retirement Third-party							
230 Acosta Landing East Mariahview FL 22296-4808					X plan sick pay 14 Other (see enclosed Notice to Employee)				D 874				
									12c				
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									н	176			
f Employee's address and ZIP code										1			
15 State		pployer's state ID number 16 State wages, tips, etc. 17 State income tax		18 Local wages, tips, etc. 19		19 Loca	9 Local income tax		20 Locality	name /			
NV	369-37	-976	30980.6	1235.03		50671.7		9722	9722.24		Gray	Pass	
AK	984-21	-858	31100.1	1405.1		70076.0	2	8332	2.87		Robert 1	urnpike	

Wage and Tax

Form W-2 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 socia	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
S	STATEMENT 386-70-3440 OMB N				this income is taxable and you fail to report it.							
b Emplo	b Employer identification number					Wages, tips, other compensation	Federal income tax withheld					
67-2167638						62806.27			17709.25			
c Emplo	yer's name, address, and	3 Social security wages			4 Social security tax withheld							
Gray Inc Group						45695.63			3495.72			
500 Cruz Extension						Medicare wages and tips	6 Medicare tax withheld					
Port Michael DC 31956-7226						55758.49	1617.0					
					7 9	Social security tips	8 Allocated tips					
					45695.63			55758.49				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	9943565								100			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Audrey Brown				132 13 Statutory Retirement Third-party			7272				
230 Acosta Landing East Mariahview FL 22296-4808					employee plan sick pay 14 Other (see enclosed Notice to Employee)			D 874				
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f Employee's address and ZIP code						I do La calcada de Caracta	140			00.1		
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		1.5 =====g==,		Local income tax	20 Localit	·		
NV	369-3	7-976	30980.6	1235.03		50671.7		722.24		Gray	Pass	
AK	984-2	1-858	31100.1	1405.1	70076.02		83	32.87	Robert :	Turnpike		

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

