| REISSUED a E | mployee's social security number | | Safe, Accurate, | | | | | e IRS Website | |
|---|----------------------------------|---------------------|---------------------------|-----------------------------------|-------------------------|-------------------------|---------------------------------|------------------|--|
| STATEMENT | 540-35-0570 | OMB N | o. 1545-00 | 08 FAST! Us | e | | at www | .irs.gov/efile. | |
| b Employer identification number | | | | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | |
| 67-1651008 | | | | 171740.24 | | | 26937.19 | | |
| c Employer's name, address, and ZIP co | de | | 3 S | 3 Social security wages | | | 4 Social security tax withheld | | |
| Tran Group PLC | | | | 222869.32 | | | 17049.5 | | |
| 15248 Cynthia Spring Apt. 029 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | |
| | | | | 134519.81 | | 3901.07 | | | |
| East Kevinberg NE 79345-8548 | | | 7 Social security tips | | | 8 A | 8 Allocated tips | | |
| | | | | 222869.32 | | | 134519.81 | | |
| d Control number | | | 9 A | dvance EIC payment | | 10 D | Dependent care I | penefits | |
| 6493880 | | | | | | | 210 | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | 12a S | 12a See instructions for box 12 | | |
| _ , | | | 203 | | | | 4155 | | |
| Anthony Ree | ea. | | 13 Statu | | Third-party sick pay | 12b | | | |
| 912 Megan Forge | | | | employee plan sick pay | | | D 196 | | |
| Port Matthew | KY 55657-1485 | | 14 0 | ther (see enclosed Notice | e to Employee | e) 12c | i | | |
| FOIC Matchew RI 33037 1403 | | | | | | | 949 | | |
| | | | | | | 12d | | | |
| | | | | | | | P 421 | | |
| 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, e | tc. 1 | 9 Local inco | me tax | 20 Locality name | |
| MS 116-51-8 | 42 93254.12 | 7588.2 | 158758.96 2 | | 7641.22 | | Copeland Haven | | |
| DC 715-86-6 | 36 84388.51 | 7701.82 | | 176279.49 | 2 | 22256. | 79 | David Overpass | |

Wage and Tax 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.

| | REISSUED | a Employee's soc | ial security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | |
|---|------------------------|------------------|--|-------------------------|---|---------------------------------|--------------------------------|-----------------|---|------------------|--|
| | TATEMENT | | 40-35-0570 | 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 | | | | | |
| 67-1651008 | | | | 171740.24 | | | 26937.19 | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Tran Group PLC | | | | 222869.32 | | | 17049.5 | | | | |
| 15248 Cynthia Spring Apt. 029 East Kevinberg NE 79345-8548 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | | |
| | | | 134519.81 | | | 3901.07 | | | | | |
| | | | 7 Social security tips | | | 8 Allocated tips | | | | | |
| | | | | 222869.32 | | | 134519.81 | | | | |
| d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | |
| 6493880 | | | | | | | 210 | | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | |
| Anthony Reed 912 Megan Forge Port Matthew KY 55657-1485 | | | 203 | | | 4155 | | | | | |
| | | | 13 State emp | | | 12b | 1 | | | | |
| | | | Simple Company | | | D 196 | | | | | |
| | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | | | |
| | | | | | | 949 | | | | | |
| | | | | | | 12d | | | | | |
| | | | | ! | | | _ | 404 | | | |
| | | | | | | | P 421 | | | | |
| f Employee's address and ZIP code | | | | | | | | Lag I III | | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | - | Local income ta | X | 20 Locality name | |
| MS | 116-51 | L-842 | 93254.12 | 7588.2 | | 158758.96 | 27 | 641.22 | | Copeland Haven | |
| DC | 715-86 | 5-636 | 84388.51 | 7701.82 | | 176279.49 | 22 | 256.79 | | David Overpass | |

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

