REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website						site		
STATEMENT 433-44-6975	OMB N	o. 1545-0008	FAST! Us	e 🔍	52711	le)	at www.i	rs.gov/efil	e.	
b Employer identification number	•	1 Wag	es, tips, other compe	ensation	2	Federal	income tax	withheld		
56-3467346			169885.67				60316.01			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Vaughan-Olsen Group			190021.54			14536.65				
34095 Armstrong Fords Suite 463 North Thomas ND 47841-9096			5 Medicare wages and tips				6 Medicare tax withheld			
			153278.62				4445.08			
NOI CIT THOMAS ND 47041-9090			7 Social security tips			8 Allocated tips				
			190021.54			153278.62				
d Control number			ance EIC payment		10	Depend	lent care be	enefits		
8769321						159				
e Employee's first name and initial Last name		<b>11</b> Non	qualified plans		12a	See ins	structions t	or box 12		
			145			P 7245				
Sean Flores			13 Statutory Retirement Third-party employee plan sick pay				i			
8921 Mcdaniel Drives			piem	SICK Pay		D	240			
Lake Rachaelbury SD 75391-372			14 Other (see enclosed Notice to Employee)				İ			
						G	578			
						12d				
						E	499			
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	etc.	19 Local inc	come tax		20 Localit	ty name	
WV 641-57-169 84542.0	2956.77	1	27685.51	:	32996	.99		Chavez	Common	
MD 924-80-223 93319.1	2998.66	2	04796.46	:	20533	.09		Kari 1	Radial	

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

5070

Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

RE	ISSUED a Employee's	s social security number		This information is being furnished to the Internal Revenue Service. If you are required							
STA	TEMENT	433-44-6975	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>b</b> Employer	b Employer identification number			1 V	Wages, tips, other compensation			2 Federal income tax withheld			
56-3467346				169885.67			60316.01				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Vaughan-Olsen Group			190021.54			14536.65					
34095 Armstrong Fords Suite 463			5 Medicare wages and tips			6 Medicare tax withheld					
North Thomas ND 47841-9096			153278.62 7 Social security tips			4445.08  8 Allocated tips					
										190021.54	
			d Control number			9 Advance EIC payment			10 Dependent care benefits		
8769321								159			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
			145			P 7245					
Sean Flores 8921 Mcdaniel Drives Lake Rachaelbury SD 75391-372			13 Statutory Retirement Third-party employee plan sick pay				12b				
			14 Other (see enclosed Notice to Employee)				D	240			
						12c	i				
							G	578			
							12d				
								E	499		
f Employee	's address and ZIP code							- L			
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local inco	me tax	•	20 Locality name	
WV	641-57-169	84542.0	2956.77		127685.51		32996.99			Chavez Common	
MD	924-80-223	93319.1	2998.66		204796.46		533.	09		Kari Radial	

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

