REISSU	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website							
STATEME	NT 4	97-44-9482	OMB N	o. 1545-0	008 FAS	Γ! Use	G		at www.	irs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld			
68-2016268				199157.3				43106.1			
c Employer's name, a	ddress, and ZIP code			3 Social security wages				4 Social security tax withheld			
Brown, Andersen and Taylor Group				148125.8				11331.62			
88298 Gregory Stravenue Suite 086				5 Medicare wages and tips				6 Medicare tax withheld			
				245688.21				7124.96			
New Joel IN 04947-6906				7 Social security tips				8 Allocated tips			
				148125.8				245688.21			
d Control number				9 Advance EIC payment				10 Dependent care benefits			
5233256								224			
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12			
Michael Barker 945 Katie Harbors West Richard FL 98605-5112				178				н 7669			
				13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)				12b	İ		
								D	251		
								12c	i		
								778			
								12d			
								н	281		
f Employee's address and ZIP code							_	- 1.	201		
	's state ID number	16 State wages, tips, etc.	17 State income tax	ļ	18 Local wages	s, tips, etc.	19 Lo	cal incom	e tax	20 Locality name	
NH :	375-32-990	92672.12	7618.99		231305.	46	276	13.6	9	Thomas Summit	
		105000			151050		200			T	
VA	933-67-761	107909.04	7735.62		151250.	66	309	75.0	7	Anderson Corners	

Wage and Tax Statement

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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.

R	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required							
	TATEMENT	to file a tax return, a negligence penalty or other sanction may be imposed o						e imposed on you if				
b Employ	b Employer identification number				1	Wages, tips, other	er compensation		2 Federal income tax withheld			
68-2016268				199157.3				43106.1				
c Employ	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Brown, Andersen and Taylor Group				148125.8			11331.62					
88298 Gregory Stravenue Suite 086				5 Medicare wages and tips			Medicare tax withheld					
, <u> </u>				245688.21				7124.96				
,	New Joel IN 04947-6906				7 Social security tips				8 Allocated tips			
				148125.8			245688.21					
d Contro	d Control number				9 Advance EIC payment 10				Dependent care benefits			
	5233256								224			
e Employ	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
				178			н 7669					
	Michael Barker				13 Statutory Retirement Third-party			12b		1		
945 Katie Harbors				employee plan sick pay				D 251				
١,	West Richard FL 98605-5112				14 Other (see enclosed Notice to Employee)			12c				
											778	
								12d				
									120		1	
							н 281					
f Employee's address and ZIP code											_	
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		19 I	Local income tax			20 Locality name
NH	375-32	2-990	92672.12	7618.99		231305.46 2		27	7613.69			Thomas Summit
VA	933-67	7-761	107909.04	7735.62	151250.66		30	30975.07			Anderson Corners	

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

