REISSUED a Employee's social security number					Safe, Accurate, Visit the IRS Website at www.irs.gov/efile								
S	TATEMENT	63	30-91-9705	OMB	No. 1545-00	08 <b>FAS</b> 1	! Use	G		6	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number					1 V	1 Wages, tips, other compensation				2 Federal income tax withheld			
95-4713699						150431.38				52039.1			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Glass Inc Group						159455.88				12198.37			
06556 Marc Road						5 Medicare wages and tips				6 Medicare tax withheld			
						155240.96				4501.99			
	Lynchtown	CO 183	19-5450		7 8	7 Social security tips				8 Allocated tips			
						159455.88				155240.96			
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
5443770										121			
e Employee's first name and initial Last name					11 N	11 Nonqualified plans				12a See instructions for box 12			
						238				E 6915			
	Jennifer M	lorgan				13 Statutory Retirement Third-party				12b			
053 Neal Green						yee plan	sick pay			G	250		
Sharonville OH 65138-3085					14 (	ther (see enclose	d Notice to Employ	/ee)	12c		Ī		
											823		
									12d				
										E	428		
f Emplo	yee's address and ZIP cod	е						-					
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	х	18 Local wages	, tips, etc.	19 Lo	ocal inc	ome tax		20 Locality name	
WI	683-01	-237	78558.02	6713.44		192589.	29	195	531	.12		Colleen Station	
sc	917-02-816 78607.05 8963.92			151485.99		159	5920.5			Alexandria Haven			
Wage and Tax						Department of the TreasuryInternal Revenue Service							
Form W.	Form W-2 Statement LU 4												

**Statement** Form W-2 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								
ST	<b>STATEMENT</b> 630-91-9705 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					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
95-4713699						150431.38			52039.1				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Glass Inc Group						159455.88			12198.37				
06556 Marc Road						5 Medicare wages and tips				6 Medicare tax withheld			
١.,	Lynchtown CO 18519-5450					155240.96				4501.99			
1						7 Social security tips			8 Allocated tips				
						159455.88			155240.96				
<b>d</b> Control	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	5443770								121				
e Employ	ee's first name and initial	11	11 Nonqualified plans			12a See instructions for box 12							
	T		238			E 6915							
•	Jennifer Morgan					13 Statutory Retirement Third-party							
053 Neal Green					employee plan sick pay				G 250				
	01					14 Other (see enclosed Notice to Employee)			12c				
Sharonville OH 65138-3085									823				
									12d				
										1			
									E	428			
	ee's address and ZIP cod												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	ax	3, , , ., .,		9 Local income tax			20 Locality name		
WI	683-01	-237	78558.02	6713.44		192589.29 1		19531.12			Colleen Station		
sc	917-02	917-02-816 78607.05 8963.92			151485.99		15920.5			Alexandria Haven			

Wage and Tax

**Statement** Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

