REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website					
STATEMENT 126-71-7479	OMB No. 1545-0	008 FAST! Use	at v	www.irs.gov/efile.		
<b>b</b> Employer identification number	1	Wages, tips, other compensation	2 Federal inco	ome tax withheld		
99-6445680		223572.04	53720.	53720.61		
c Employer's name, address, and ZIP code	3	Social security wages	4 Social secur	4 Social security tax withheld		
Benjamin PLC Group		253965.97	19428.	19428.4		
75790 Katherine Stream Suite 017		Medicare wages and tips				
		233545.7		6772.83		
East Sheila WA 43007-1253	7	Social security tips	8 Allocated tip	8 Allocated tips		
		253965.97	23	233545.7		
d Control number		Advance EIC payment	10 Dependent	10 Dependent care benefits		
6500862			29	293		
e Employee's first name and initial Last name		Nonqualified plans	12a See instruc	12a See instructions for box 12		
Whitney Callahan		247	H 42	н 4246		
		utory Retirement Third-p				
23112 Taylor Parkway	emp	loyee plan sick pa		74		
East Nataliemouth KS 43197-381	L 14	Other (see enclosed Notice to Em	ployee) 12c			
			D 30	01		
			12d	12d		
			G 23	38		
f Employee's address and ZIP code			<u> </u>	30		
	income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
IA   806-81-382   108339.52   5555	.51	282440.58	26491.92	Beasley Corners		
ND 061-69-584 120265.79 7138	3.48	178912.18	41148.27	Joseph Mount		

Wage and Tax Statement

Form W-2

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.

REISSUED	a Employee's soci	al security number			This information is being furnis	hed to the	e Internal Re	venue Serv	ice. If you are required			
STATEMENT	12	26-71-7479	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 nur	nber			Wages, tips, other compensation				2 Federal income tax withheld				
99-6445680			223572.04			53720.61						
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld						
Benjamin PLC Group			253965.97			19428.4						
75790 Katherine Stream Suite 017 East Sheila WA 43007-1253			5 Medicare wages and tips			6 Medicare tax withheld						
			233545.7			6772.83						
			7 Social security tips			8 Allocated tips						
			253965.97			233545.7						
d Control number	d Control number			9 Advance EIC payment			10 Dependent care benefits					
6500862	6500862							293				
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12							
Whitney Callahan			247			н 4246						
			13 Statu		1:	2b	1					
23112 Taylor Parkway			employee plan sick pay			174						
East Nataliemouth KS 43197-381			14 Other (see enclosed Notice to Employee)			12c						
						D	301					
		12d										
							G	238				
f Employee's address and 2	IP code											
15 State Employer's state	e ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loca	al income tax	(	20 Locality name			
IA 806	-81-382	108339.52	5555.51		282440.58	2649	91.92		Beasley Corners			
ND 061	-69-584	120265.79	7138.48		178912.18	4114	48.27		Joseph Mount			

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

