REISSU	JED a Employee's so	cial security number			Safe	, Accurate,		H	Visit the	IRS Website			
STATEM	IENT 8	300-49-1627	OMB N	lo. 1545-00	008 FAS	T! Use	G~L	ile)	at www.i	rs.gov/efile.			
b Employer identification number				1 V	1 Wages, tips, other compensation				Federal income tax withheld				
90-5879563					73877.65				14385.01				
c Employer's name	, address, and ZIP code			3 Social security wages				4 Social security tax withheld					
Alexander Group Group					53406.82				4085.62				
400 Laura Plain Apt. 922 North Saraside CT 31076-2027				5 Medicare wages and tips				6 Medicare tax withheld					
				55522.88				1610.16					
				7 Social security tips				8 Allocated tips					
				53406.82				55522.88					
d Control number				9 A	dvance EIC payr	nent	10	10 Dependent care benefits					
7520288									129				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
Lucas Harris				180				G 2183					
				13 Statutory Retirement Third-party employee plan sick pay)					
04807 Katherine Prairie				X					556				
North Ericashire LA 12643-6289					14 Other (see enclosed Notice to Employee)				1				
									713				
								12d					
								E	675				
f Employee's addre													
l .	yer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages		19 Local		(20 Locality name			
AL	489-62-861	38192.58	3072.64		84611.9	96	1336	3.48		Kent Haven			
IA	919-06-590	39412.95	2163.5		85268.9)	1387	6.46		Collins Pass			

Wage and Tax

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.

F	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	80	00-49-1627	OMB	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				
90-5879563						73877.65				14385.01			
c Emplo	c Employer's name, address, and ZIP code				3 3	3 Social security wages				4 Social security tax withheld			
Alexander Group Group					53406.82				4085.62				
400 Laura Plain Apt. 922 North Saraside CT 31076-2027					5 1	5 Medicare wages and tips				6 Medicare tax withheld			
						55522.88				1610.16			
					7 Social security tips					8 Allocated tips			
						53406.82				55522.88			
d Control number					9 /	9 Advance EIC payment				10 Dependent care benefits			
7520288										129			
e Employee's first name and initial Last name					11 1	11 Nonqualified plans				12a See instructions for box 12			
	_				180					G 2183			
Lucas Harris				13 Statu	13 Statutory Retirement Third-party				12b				
04807 Katherine Prairie					emp	oyee pla	n	sick pay				556	
						Other (see enc	locod Notic	o to Employ	(00)	12c			
North Ericashire LA 12643-6289					'* `	ouiei (see eiic	iosea ivolic	e to Employ	(66)	120		ĺ	
									713				
								12d		1			
				!					E	675			
f Employee's address and ZIP code											•		
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax	(18 Local wa	iges, tips, e	tc.		_ocal inc			20 Locality name
AL	489-62	2-861	38192.58	3072.64		84611.96		13363.48			Kent Haven		
IA	919-06	5-590	39412.95	2163.5		85268	. 9		13	876	.46		Collins Pass

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

