REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					
STATEMENT 041-56-3099	OMB No.	1545-0008	FAST! Use	G III	at www	v.irs.gov/efile.	
b Employer identification number		<ol> <li>Wages, tips</li> </ol>	other compensation	2	Federal income	tax withheld	
73-9506866		175847.83			53878.35		
c Employer's name, address, and ZIP code		3 Social security wages			4 Social security tax withheld		
Robinson Group LLC		207114.0			15844.22		
180 Clark Road		5 Medicare wages and tips			6 Medicare tax withheld		
New Michael ME 99532-5832		210518.44			6105.03		
New Michael ME 99532-5832		7 Social security tips			8 Allocated tips		
		2071			210	518.44	
d Control number		9 Advance Ele	C payment	10	Dependent care	benefits	
2309071					275		
e Employee's first name and initial Last name		11 Nonqualified	plans	12a	See instruction	s for box 12	
		217			G 9758		
Morgan Nguyen		13 Statutory	Retirement Third-party	12b			
72432 David Flats		employee	plan sick pay		н 885		
Josephbury MA 61821-0054		14 Other (see enclosed Notice to Employee)			1		
Josephbury III Group 9001					740		
					12d		
					G 234		
f Employee's address and ZIP code					G 234		
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	18 Local	wages, tips, etc.	19 Local inc	ome tax	20 Locality name	
IN 205-03-655 79953.14	8704.76	2182	85.59	26563	. 33	Miller Fall	
IA 972-98-985 86970.88	7158.77	1612	13.49	20333	. 59	Ashlee Islands	

Wage and Tax

Form W-2 Statement

5070

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.

D	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
	LIGGGLD	• •	•	OMP N	OMP No. 1545,0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if						
	ATEMENT	04	41-56-3099	OIVID IV	this income is taxable and you fail to report it.						
b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld					
73-9506866			175847.83			53878.35					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Robinson Group LLC			207114.0			15844.22					
180 Clark Road				5 Medicare wages and tips			6 Medicare tax withheld				
New Michael ME 99532-5832			210518.44			6105.03					
			7 Social security tips			8 Allocated tips					
				207114.0			210518.44				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
2309071						275					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Morgan Nguyen			217			G 9758					
			13 Stat	utory Retirement Third-party		12b	l l				
72432 David Flats			emp	loyee plan sick pay		H	885				
/2432 David Flats				X			885				
Josephbury MA 61821-0054				14	Other (see enclosed Notice to Employ	ree)	12c	İ			
							740				
						12d					
						G	234				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 I	Local incom	e tax	20 Locality name	
IN	205-03	8-655	79953.14	8704.76		218285.59 2		26563.33		Miller Fall	
			<u> </u>								
IA	972-98	-985	86970.88	7158.77		161213.49	20	333.5	9	Ashlee Islands	

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

