F	REISSUED	a Employee's socia	•			Safe, Ad	curate,	e 🖸	AHIO.	Visit the	IRS Website	
S	<b>TATEMENT</b>	09	8-51-9448	OM	IB No. 1545-0	008 FAST!	Jse ~	6	file)	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld			
43-3684944						151187.76			34297.83			
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld			
Knight Group Ltd						192253.89			14707.42			
8322 Jeremy Spring					5	get alle apr				6 Medicare tax withheld		
Fowlerberg VT 50248-2478						136613.52				3961.79		
rowlerberg vi 50246-2476					7	7 Social security tips			8 Allocated tips			
						192253.89			136613.52			
d Control number					9	9 Advance EIC payment			10 Dependent care benefits			
6701033									112			
e Emplo	yee's first name and initial	Last name			11	11 Nonqualified plans			12a See instructions for box 12			
Benjamin Myers					12 Stat	271  13 Statutory Retirement Third-party			D 3513			
15844 Michael Lodge					emp	employée plan sick pay						
									н 270			
North Crystalhaven FL 60333-2162						14 Other (see enclosed Notice to Employee)			12c			
<u>-</u>									130			
									12d			
									762			
f Emplo 15 State	yee's address and ZIP cod		AC Chata warner time at	17 State income t		140	4-	140.1-	ocal income ta		20. 1!:+	
	Employer's state ID nu		16 State wages, tips, etc.		ldX	18 Local wages, tip	•			X	20 Locality name	
SD	274-62	-62I	75476.1	5751.27		152451.78 23		237	3709.71		Benjamin Loop	
CA	433-02	-953	74527.6	6957.6		154175.2		177	17723.43		Amber Mountain	

Wage and Tax Statement

Form W-2

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.

REISSUED	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required						
STATEMEN	<b>STATEMENT</b> 098-51-9448 OMB N			MB No. 1545-00	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 Wages, tips, other compensation			2 Federal income tax withheld			
43-3684944					151187.76			34297.83			
c Employer's name, addre	3 8	3 Social security wages			4 Social security tax withheld						
Knight Group Ltd					192253.89			14707.42			
8322 Jeremy Spring					5 Medicare wages and tips			6 Medicare tax withheld			
Fowlerberg VT 50248-2478					136613.52			3961.79			
					7 Social security tips			8 Allocated tips			
					192253.89			136613.52			
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits			
6701033								112			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
<b>5</b>						271			D 3513		
Benjamin Myers 15844 Michael Lodge					13 Statutory Retirement Third-party employee plan sick pay						
								н 270			
North (	Crystalhave	14 (	14 Other (see enclosed Notice to Employee)			12c					
NOTCH	rystarnave					130					
								12d			
						762					
f Employee's address and		T	1						T		
	ate ID number	16 State wages, tips, etc.	17 State incom		18 Local wages, tips		9 Local income		20 Locality name		
SD 27	4-62-621	75476.1	5751.27	7	152451.78 2		23709.71		Benjamin Loop		
CA 43	3-02-953	74527.6	6957.6		154175.2	1	.7723.4	3	Amber Mountain		

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

