REISSUED a Empl	loyee's social security number		Safe, Accurate,					IRS Website
STATEMENT	070-10-5135	OMB No	o. 1545-00	08 FAST! Use		wfile	at www.	irs.gov/efile.
b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld		
99-5227136			138871.03			41841.07		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld		
Ray PLC Group			155828.07			11920.85		
352 Julian Street			5 Medicare wages and tips			6 Medicare tax withheld		
Courth Adminustrate II F7CF0 2FF7			98205.07			2847.95		
South Adrianfurt IL 57650-3557			7 Social security tips			8 Allocated tips		
			155828.07			98205.07		
d Control number			9 Advance EIC payment			10 Dependent care benefits		
2232517						253		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12		
Rebecca Washington			257			G 5799		
			13 Statutory Retirement Third-party employee plan sick pay			12b	,	
651 Elizabeth Circle Suite 257			employee plan sick pay			D	818	
Gregoryfort WA 20364-8400			14 C	ther (see enclosed Notic	e to Employee)	12c		
Gregoryroic wa 20304-8400						н	625	
							11 025	
							1	
							230	
f Employee's address and ZIP code	Lan Outron Const.	47 0000		40 1		1	To a second	I 00 1 !'
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e		Local income		20 Locality name
NV 760-59-733	72105.9	7182.13		118917.12	2	6219.9	1	Garcia Heights
MT 610-76-518	65608.48	7456.85		160064.39	2	6698.5	2	Belinda Pine

Wage and Tax

Form W-2 Statement

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.

RI	EISSUED a Em	ployee's social security number		This information is being furnished to the Internal Revenue Service. If you are required					
ST	ATEMENT	070-10-5135	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 Employe	er identification number			1 Wages, tips, other compensation			Federal income tax withheld		
99-5227136				138871.03			41841.07		
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld		
Ray PLC Group				155828.07			11920.85		
352 Julian Street				5 Medicare wages and tips			6 Medicare tax withheld		
South Adrianfurt IL 57650-3557				98205.07			2847.95		
				7 Social security tips			8 Allocated tips		
				155828.07			98205.07		
d Control number			9 Advance EIC payment			10 Dependent care benefits			
2232517							253		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Rebecca Washington			257			G 5799			
			13 Statutory Retirement Third-party			12b			
651 Elizabeth Circle Suite 257			employee plan sick pay			D 818			
Gregoryfort WA 20364-8400			14 (Other (see enclosed Notice to Employ	ree)	12c			
						н	625		
						12d			
						230			
f Employee's address and ZIP code					-				
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	_ocal incom	e tax	20 Locality name
NV	760-59-73	72105.9	7182.13		118917.12	26	219.9	7	Garcia Heights
мт	610-76-51	L8 65608.48	7456.85	160064.39		26	26698.52 Beli		Belinda Pine

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

