F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website								
S	FATEMENT	54	6-65-7297	OMB N	o. 1545-00	008 FAST!	Jse "	G~1	le)	at www.i	rs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
20-0854223					182879.2				49089.5				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Harrison Group LLC					237458.7				18165.59				
98901 Kevin Land Suite 894 Lake Martin DC 69313-6322					5 Medicare wages and tips				6 Medicare tax withheld				
					215577.85				6251.76				
					7 Social security tips				8 Allocated tips				
					237458.7				215577.85				
d Contro					9 Advance EIC payment				10 Dependent care benefits				
5657236									153				
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
Tracie Porter 5754 Hickman Points Alanmouth ID 56911-6709					251				G 2708				
					13 Statutory Retirement Third-party employee plan sick pay					i			
					employee plan sick pay				H	255			
					14 Other (see enclosed Notice to Employee)				12c				
										937			
									12d				
									н	821			
f Emplo	vee's address and ZIP cod	۵								021			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tip	s, etc.	19 Local in	come tax		20 Locality name		
WY	159-75	-157	97207.22	7484.53		150861.93 1		18289	.7	Mitchell Village			
ME	794-07	-033	94009.33	7613.46		221558.4	1	33995	.58		Foster Corner		

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.

REISS	SUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required									
STATE	MENT	5	46-65-7297	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 number					1 Wages, tips, other compensation					2 Federal income tax withheld				
20-0	182879.2					49089.5								
c Employer's nar	3 Social security wages					4 Social security tax withheld								
Harrison Group LLC						237458.7				18165.59				
98901 Kevin Land Suite 894					5 Medicare wages and tips					6 Medicare tax withheld				
Lake Martin DC 69313-6322						215577.85					6251.76			
						7 Social security tips				8 Allocated tips				
	237458.7					215577.85								
d Control number						9 Advance EIC payment				10 Dependent care benefits				
5657236										153				
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
						251					G 2708			
Tra	Tracie Porter				13 Statutory Retirement Third-party					12b				
5754 Hickman Points Alanmouth ID 56911-6709						employee plan sick pay					н 255			
						Other (see er	adeasd Neti	oo to Employ	(00)	12c		233		
						14 Other (see enclosed Notice to Employee)				120		ĺ		
					ļ					937				
						ļ				12d		ı		
							1				H	821		
f Employee's address and ZIP code									-			1		
15 State Emp	oloyer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		19 Lo	9 Local income tax			20 Locality name		
WY	159-7	5-157	97207.22	7484.53		150861.93			182	8289.7			Mitchell Village	
ME	794-0	7-033	94009.33	7613.46		221558.41 33		339	33995.58			Foster Corner		

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

