REISSUED	a Employee's socia	•		Safe, Accurate, Visit the IRS Website								
STATEMENT	86	54-32-3551	OMB N	o. 1545-00	008 <b>FA</b>	ST! Use	J	⊬file >	at www.ii	s.gov/efile.		
<b>b</b> Employer identification number				1 \	1 Wages, tips, other compensation				2 Federal income tax withheld			
24-4383359					79024.61				25407.4			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Yang Inc Group					66072.71				5054.56			
407 Thomas Lake					5 Medicare wages and tips				6 Medicare tax withheld			
West Justinhaven VA 54944-9641					75584.71				2191.96			
					7 Social security tips			8 Allocated tips				
					66072.71			75584.71				
d Control number					Advance EIC pa	ayment		10 Depend	lent care be	nefits		
9112385								290				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
The base of the same of the sa				229				1531				
Victor Juarez					13 Statutory Retirement Third-party employee plan sick pay			12b				
8208 Lopez Ranch Suite 151					X	_			636			
Lake Angela NY 48998-1976				14 (	Other (see encl	osed Notice to Emplo	yee)	12c	İ			
								474				
								12d				
								G	560			
f Employee's address and Z		Tro ou	Lancia		1.0.		1.0					
15 State Employer's state		16 State wages, tips, etc.	17 State income tax		18 Local wag			ocal income tax		20 Locality name		
HI 617	-38-996	37912.76	4167.56		55419	. 72	86	79.36		Anthony Forks		
RI 428	-20-618	40457.15	3710.97		79508.	. 66	15	486.62		Thompson Point		

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.

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	86	64-32-3551	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>b</b> Emplo	<b>b</b> Employer identification number				Wages, tips, other compensation			Federal income tax withheld		
24-4383359				79024.61			25407.4			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Yang Inc Group				66072.71			5054.56			
407 Thomas Lake				5 Medicare wages and tips			6 Medicare tax withheld			
					75584.71	2191.96				
	West Justinhaven VA 54944-9641				7 Social security tips			8 Allocated tips		
				66072.71			75584.71			
<b>d</b> Contro	d Control number				9 Advance EIC payment 10 Dependent care benefits				enefits	
	9112385								290	
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12		
				229			1531			
	Victor Juarez				13 Statutory Retirement Third-party			12b		
8208 Lopez Ranch Suite 151					emp	plan sick pay  X  X			636	
	Tala 3 1 . NV 40000 1076				14 Other (see enclosed Notice to Employee)			12c		
Lake Angela NY 48998-1976							474			
							12d			
							1==			
									G 560	
f Employee's address and ZIP code				Trans.				Lag t v		
15 State			16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		9 Local income tax		20 Locality name
HI	617-38	3-996	37912.76	4167.56		55419.72		3679.36		Anthony Forks
RI	428-20	0-618	40457.15	3710.97		79508.66	15	486.62		Thompson Point

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

