F	REISSUED a Employee's social security number						Safe, Accu	ırate,			Visit the	IRS Web	site	
S	TATEMENT	33	30-72-6271	OMB N	o. 1545-0	800	FAST! Us	e	57 IL	le	at www.i	rs.gov/efil	e.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
95-8361435						243970.35				48161.03				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Vaughn Group Inc						294547.51				22532.88				
786 Holly Spurs Suite 046					5 Medicare wages and tips				6					
East Carlosbury DE 11313-9029					284285.9					8244.29				
East Carlosbury DE 11313-9029					7 Social security tips			8	8 Allocated tips					
					294547.51					284285.9				
d Control number					9	Advance E	IC payment		10	Depen	dent care be	enefits		
6383941											220			
e Employee's first name and initial Last name					11 Nonqualified plans				12a	12a See instructions for box 12				
						290				8242				
Evelyn Washington 0581 Whitney Walks					13 Statutory Retirement Third-party employee plan sick pay				12b	12b				
										P 460				
East Eddie CT 45045-2325						14 Other (see enclosed Notice to Employee)				12c				
										987				
										12d				
										P	911			
	yee's address and ZIP cod													
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			l wages, tips, e		19 Local in			20 Locali	ty name	
LA	956-37	-491	125522.41	4405.7		196102.45 3		30161	0161.32		Darren	Branch		
NV	025-16	-821	112781.24	5814.56	313276.77		25265.89			John	Shore			

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.

RE	ISSUED	a Employee's socia	l security number			This information is								
STATEMENT 330-72-6271 OMB N					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 compo	ensation	2	Federal	l income tax	withheld			
95-8361435						243970.35				48161.03				
c Employer	's name, address, and 2	ZIP code	3 5	3 Social security wages				4 Social security tax withheld						
Vaughn Group Inc						294547.51				22532.88				
786 Holly Spurs Suite 046					5 1	l				6 Medicare tax withheld				
						284285.9				8244.29				
East Carlosbury DE 11313-9029						7 Social security tips			8 Allocated tips					
				294547.51				284285.9						
d Control number						9 Advance EIC payment 10 Dependent care benefits					enefits			
63	383941									220				
e Employee's first name and initial Last name					11 1	11 Nonqualified plans				12a See instructions for box 12				
						290				8242				
Evelyn Washington					13 Statutory Retirement Third-party									
0.	581 Whitn	ev Walks	employee plan sick pay				P 460							
		-		14 Other (see enclosed Notice to Employee)				12c						
E	ast Eddie	CT 4												
						<u> </u>				987				
									12d					
									P	911				
1	e's address and ZIP cod													
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income to	ax	18 Local wages, tips,		9 Local inc			20 Localit	y name		
LA	956-37	-491	125522.41	4405.7		196102.45		30161	. 32		Darren	Branch		
NV	025-16	-821	112781.24	5814.56		313276.77		25265.89			John	Shore		

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

