REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website
STATEMENT 386-31-1478	OMB No. 1545-0008 FAST! Use at www.irs.gov/efile.
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld
35-9385293	189110.04 60180.98
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld
Scott Group Inc	218914.81 16746.98
21869 Carpenter Divide Suite 608	5 Medicare wages and tips 6 Medicare tax withheld
New George HI 51398-6525	169975.32 4929.28
New 303190 111 31370 0323	7 Social security tips 8 Allocated tips
	218914.81 169975.32
d Control number	9 Advance EIC payment 10 Dependent care benefits
3604996	162
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12
ol 1 " 11	297 E 5944
Charles Hall	13 Statutory Retirement Third-party 12b
68952 Scott Groves Suite 387	employee plan sick pay G 921
Port Jessicaberg WI 50460-19	14 Other (see enclosed Notice to Employee) 12c
	659
	12d
	D 918
f Employee's address and ZIP code	
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	
NY 181-36-354 101560.34 8467	88 181917.89 35920.38 Little Road
AK 238-05-086 99915.17 9730	59 194184.04 27243.85 Bonnie Drive

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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.

REI	SSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required										
STAT	TEMENT	38	36-31-1478	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 \						2 Federal income tax withheld				
35-9385293						189110.04					60180.98				
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld					
Scott Group Inc					218914.81					16746.98					
21869 Carpenter Divide Suite 608					5 Medicare wages and tips					6 Medicare tax withheld					
					169975.32					4929.28					
New George HI 51398-6525				7 Social security tips					8 Allocated tips						
						218914.81					169975.32				
d Control number				9 /	9 Advance EIC payment					10 Dependent care benefits					
3604996											162				
e Employee's	e Employee's first name and initial Last name			11 Nonqualified plans					12a See instructions for box 12						
Charles Hall				297 13 Statutory Retirement Third-party					E 5944						
			employee plan sick pay												
68952 Scott Groves Suite 387				<u> </u>				921	21						
Port Jessicaberg WI 50460-19					14 (Other (see en	closed Notic	ce to Employ	ree)	12c					
1010 00001000019 111 00100 19								659							
										12d					
											D	918			
	address and ZIP coo		Tree as a second	Lambia de la compansión					1.0				Tag 1 111		
	Employer's state ID no		16 State wages, tips, etc.	17 State income tax			vages, tips, e	etc.		ocal inco			20 Locality		
NY	181-36	5-354	101560.34	8467.88		18191	L7.89		359	920.	.38		Little	Road	
AK	238-05	5-086	99915.17	9730.59		19418	34.04		272	243.	85		Bonnie	Drive	

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

