REISSUED a Em	ployee's social security number			Safe, Acc	urate,			isit the IRS Website			
STATEMENT	268-64-9210	OMB No	. 1545-000	8 FAST! Us	se		<b>G</b> a	t www.irs.gov/efile.			
<b>b</b> Employer identification number			1 Wages, tips, other compensation				Federal income tax withheld				
22-1983492			178917.76				40358.68				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Gonzales Group PLC				225757.91				17270.48			
58152 Garcia Summit				5 Medicare wages and tips			6 Medicare tax withheld				
East Benjamin IN 34599-5131			150517.53				4365.01				
East Benjamin IN 34599-5131			7 Social security tips			8	8 Allocated tips				
				225757.91				150517.53			
d Control number			9 Advance EIC payment			10 Dependent care benefits					
6440088								182			
e Employee's first name and initial	Last name		<b>11</b> No	nqualified plans		12a	See instr	ructions for box 12			
Matthew Wagner				264			5957				
				13 Statutory Retirement Third-party			12b				
419 Young Terrace Apt. 493			employ	ee plan	sick pay		D 1	103			
Martinmouth	<b>14</b> Oth	ner (see enclosed Noti	ce to Employee	e) 12c	1						
Martinmouth IL 21940-6016							723				
						12d	-				
							G 4	419			
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. 1	9 Local inc	ome tax	20 Locality na	ıme		
AK 616-24-03	90587.02	5791.91	:	173505.85	2	24268	.13	Brown Sho	oals		
IA 063-36-89	80728.31	5545.54	:	129785.9	2	20513	. 99	Coleman 1	Mill		

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.

	REISSUED	1	cial security number	OMPIN	This information is being furnished to the Internal Revenue Service. If you are required OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if						
	TATEMENT		268-64-9210	OWID IN	this income is taxable and you fail to report it.						
b Employer identification number					1	Wages, tips, other compensation					
22-1983492				178917.76			40358.68				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Gonzales Group PLC				225757.91			17270.48				
58152 Garcia Summit					5 Medicare wages and tips			Medicare tax withheld			
					150517.53	4365.01					
	East Benjamin IN 34599-5131				7 Social security tips			8 Allocated tips			
					225757.91			150517.53			
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	6440088								182		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Matthew Wagner 419 Young Terrace Apt. 493 Martinmouth IL 21940-6016				264  13 Statutory Retirement Third-party			5957				
				em	nployee plan sick pa			103			
				14 Other (see enclosed Notice to Employee)			12c				
			723								
								12d			
								G	419		
f Emplo 15 State	oyee's address and ZIP co Employer's state ID r		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	140	Local income tax		20	
	, .,		9			9				20 Locality name	
AK	616-2	4-031	90587.02	5791.91		173505.85	24	4268.13		Brown Shoals	
IA	063-3	6-893	80728.31	5545.54		129785.9	20	0513.99		Coleman Mill	

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

