REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS We					IRS Website			
STATEMENT	37	2-89-4263	OMB N	o. 1545-(0008 FAS	T! Use	G	ile	at www.i	irs.gov/efile.		
b Employer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld				
35-5518803					143559.33				18859.8			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld				
Goodman Group Group				125448.99				9596.85				
30513 Damon Ford				5 Medicare wages and tips				6 Medicare tax withheld				
Davidside DC 19921-0737				134988.51				3914.67				
				7 Social security tips				8 Allocated tips				
				125448.99				134988.51				
d Control number				9 Advance EIC payment			10					
4961874								246				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
Rebecca Perez				186				G 3953				
				13 Statutory Retirement Third-party employee plan sick pay			12b	12b				
30166 Holmes Highway Apt. 396				em	X Seek pay			G 993				
Cristinaberg MS 40036-2115					Other (see enclose	ed Notice to Employ	yee) 12c		1			
GIISCINADCIG ND 40030 ZII3								G	137			
			12d				12d					
									954			
f Employee's address and ZIP code									I .			
15 State Employer's state ID nun	nber	16 State wages, tips, etc.	17 State income tax	•	18 Local wage	s, tips, etc.	19 Local i	ncome ta:	<	20 Locality name		
VT 076-87	-390	68928.06	4541.13		159958	. 28	1983	L.89		Stanley Drive		
MA 980-50	-611	73027.17	3786.19		150409	. 66	2810	0.66		Hamilton Ridges		

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	3'	72-89-4263	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 Emplo	yer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
35-5518803					143559.33			18859.8				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Goodman Group Group					125448.99			9596.85				
30513 Damon Ford				5 Medicare wages and tips			6 Medicare tax withheld					
Davidside DC 19921-0737				134988.51			3914.67					
				7 Social security tips			8 Allocated tips					
				125448.99			134988.51					
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	4961874								246			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
				186			G 3953					
	Rebecca Perez			13 Statutory Retirement Third-party			12b					
30166 Holmes Highway Apt. 396				employee plan sick pay			G 993					
				14	Other (see enclosed Notice to Employ	(00)	12c	773				
Cristinaberg MS 40036-2115				14 Other (see shoused Notice to Employee)				1				
			G				137	137				
								12d	1			
								954				
f Employee's address and ZIP code												
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income	e tax	20 Locality name		
VT	076-87	7-390	68928.06	4541.13		159958.28	19	831.8	9	Stanley Drive		
MA	980-50)-611	73027.17	3786.19		150409.66	28	100.6	6	Hamilton Ridges		

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

