REIS	a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
STAT	EMENT	10	4-57-5038	OME	3 No. 1545-0	008 <b>i</b>	FAST! Use		≁file `	at www.i	rs.gov/efile.		
b Employer identification number					1 \	1 Wages, tips, other compensation			2 Federal income tax withheld				
94-6655113						45540.99				5474.33			
c Employer's n	name, address, and 2	ZIP code			3 5	3 Social security wages				4 Social security tax withheld			
Clark Group Group						51511.76				3940.65			
66651 Donaldson Circles Apt. 067					5 1					6 Medicare tax withheld			
Kimberlychester AZ 61274-0426						34667.59				1005.36			
Kimberrychester AZ 012/4-0420					/ 3	7 Social security tips				8 Allocated tips			
						51511.76			34667.59				
d Control number					9 /	9 Advance EIC payment 10 Dependent care benefits				enefits			
6474607									124				
e Employee's first name and initial Last name				11 1	11 Nonqualified plans			12a See instructions for box 12					
<b>0</b> 1	<b>-</b>					239			7440				
Steven Ramsey						13 Statutory Retirement Third-party employee plan sick pay				12b			
994 Castro Ridges Suite 750						X X			E	E 873			
West Stephanieborough NV 80598-					14 (	14 Other (see enclosed Notice to Employee)				i			
									E 409				
									12d				
									735				
f Employee's address and ZIP code									1				
15 State Er	mployer's state ID nu	mber	16 State wages, tips, etc.	17 State income to	ax	18 Local v	wages, tips, etc.	19	Local income ta	x	20 Locality name		
WI	531-31	-976	24818.25	2923.09		55909.64 6		61	6199.27		Lopez Neck		
AK	149-04	-339	21306.99	2486.47		35552.25		65	6509.42		Gavin Viaduct		

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	10	04-57-5038	OMB	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.							/ou ii	
<b>b</b> Emplo	b Employer identification number					Wages, tips, other compensation				2 Federal income tax withheld			
94-6655113						45540.99				5474.33			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Clark Group Group						51511.76			3940.65				
66651 Donaldson Circles Apt. 067 Kimberlychester AZ 61274-0426					5 N	5 Medicare wages and tips 34667.59				6 Medicare tax withheld 1005.36			
					7 5	7 Social security tips				8 Allocated tips			
						51511.76				34667.59			
d Control number					9 /	9 Advance EIC payment			10 Dependent care benefits				
	6474607									124			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
						239				7440			
	Steven Ramsey					13 Statutory Retirement Third-party							
994 Castro Ridges Suite 750						employee plan sick pay				E 873			
West Stephanieborough NV 80598-					14 (	14 Other (see enclosed Notice to Employee)				12c			
									_	400			
						!				E 409			
								12d		I			
									735				
f Employee's address and ZIP code					T					T			
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income ta	(	10 =====		9 Local income tax			20 Locality n	ame	
WI	531-31	L-976	24818.25	2923.09		55909.64 6		199.27			Lopez 1	Neck	
AK	149-04	1-339	21306.99	2486.47		35552.25 65		5509.42			Gavin Vi	aduct	

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

