F	REISSUED a Employee's socia	al security number			Safe, Accu	rate,	A SHIP	Visit the IRS W	'ebsite	
S	FATEMENT 82	28-96-6256	OMB N	o. 1545-00	08 FAST! Use		~file	at www.irs.gov		
	yer identification number			1 V	ages, tips, other compen	sation		al income tax withhe	ld	
	57-9291957				121809.64			0.42		
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
	Pearson Inc Group				136505.33			10442.66		
	807 Mendoza Drive Su	ite 376		5 N	ledicare wages and tips		6 Medica	are tax withheld		
Shawnstad UT 19977-7523					131013.62		3799.39			
	Shawns cad 01 1	.9911 1323		7 S	ocial security tips		8 Alloca	ted tips		
					136505.33			131013.	62	
d Contro				9 A	dvance EIC payment		10 Deper	ident care benefits		
	4538340							134 12a See instructions for box 12		
e Emplo	yee's first name and initial Last name	е		11 N	onqualified plans		12a See ir	istructions for box	12	
	Wanda Ward			159			P 4127			
	Walida Wald			13 Statut emplo		Third-party sick pay	12b	ſ		
	5335 Johnson Ville	Apt. 553		X	X	X		320		
	Bradleyburgh GA	33826-8171		14 C	ther (see enclosed Notice	e to Employee)	12c	ı		
								201		
							12d			
							н	120		
f Emplo	vee's address and ZIP code						11	120		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	Į	18 Local wages, tips, et	c. 19	Local income ta	x 20 Lo	cality name	
WY	281-77-054	62867.76	4982.79		131193.67	2	0298.24	Ashl	ey Gardens	
DC	890-56-441	55321.48	3192.84		138013.39	1	3047.48	Cra	ig Coves	
			· ·					· ·		

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.

REISSUED	a Employee's socia	I security number			This information is being furnis					
STATEMENT	82	8-96-6256	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 Wages, tips, other compensation			2 Federal income tax withheld			
57-9291957					121809.64			30120.42		
Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
Pearson Inc Group 807 Mendoza Drive Suite 376				136505.33 5 Medicare wages and tips			10442.66			
							6 Medicare tax withheld			
					131013.62			3799.39		
Shawnstad UT 19977-7523				7 Social security tips			8 Allocated tips			
				136505.33			131013.62			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
4538340								134		
e Employee's first name and initial Last name				11 Nonqualified plans 159 13 Statutory Retirement Third-party employee plan sick pay X X X			12a See instructions for box 12			
Wanda Ward			12b				4127			
5335 Johnson Ville Apt. 553							320			
Bradleyburgh GA 33826-8171					14 Other (see enclosed Notice to Employee)			201		
f Employee's address and ZIF State Employer's state I		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10.1	ocal income tax	,	20 Locality name	
, ,,, , , , , , , , , , , , , , , , , ,	77-05 4	62867.76	4982.79		131193.67		298.24	`	Ashley Garden	
	,, ogg	02007.70	1302.79			20			Ashrey Gardens	
DC 890-	56-441	55321.48	3192.84		138013.39	13	047.48		Craig Coves	

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

