REISSUED a Employee's s	ocial security number			Safe, Accurate,			Visit the IRS Website			
STATEMENT	368-99-5451	OMB N	lo. 1545-00	008 FAST! Us	e		at www.	irs.gov/efile.		
b Employer identification number			1 Wages, tips, other compensation			2 Fe	2 Federal income tax withheld			
27-5567456			42058.59			15	15146.82			
c Employer's name, address, and ZIP code			3 Social security wages			4 So	4 Social security tax withheld			
Robinson, Greene and Green LLC			43428.04				3322.25			
26999 Sandra Ridges Suite 387			5 Medicare wages and tips			6 Me				
Allenport CO 15966-0093			47317.99				1372.22			
Allempoit CO 13900-0093			7 Social security tips			8 All	8 Allocated tips			
				43428.04			47317.99			
d Control number			9 Advance EIC payment			10 De				
9913493							153			
e Employee's first name and initial Last name			11 Nonqualified plans			12a Se	12a See instructions for box 12			
Position and Position			247			G	G 3802			
Brittany Russo			13 Statu	itory Retirement oyee plan	Third-party sick pay	12b	i			
05721 Thomas Greens Suite 089			СПр	X	X		677			
Berryville VT 34814-6953			14 Other (see enclosed Notice to Employee)			e) 12c	i			
							810			
						12d	12d			
						Г	450			
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, e	tc. 1	19 Local incom	e tax	20 Locality name		
AZ 806-84-206	20811.83	1746.18		52419.58		6530.2		James Manors		
WA 098-87-602	22513.19	1747.75		49129.55		6346.76		Evan Lodge		

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.

REIS	SSUED a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required						
STAT	TEMENT 36	8-99-5451	OMB N	OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed this income is taxable and you fail to report it.			e imposed on you if			
b Employer ide	lentification number			1	Wages, tips, other comp	ensation	2 Feder	al income tax	withheld	
27-5567456			42058.59			1514	15146.82			
c Employer's name, address, and ZIP code			3	3 Social security wages			4 Social security tax withheld			
Robinson, Greene and Green LLC			43428.04			3322	3322.25			
26999 Sandra Ridges Suite 387			5 Medicare wages and tips			6 Medic				
Allenport CO 15966-0093				47317.99			0 411	1372.22		
MITEMPOLE CO 13300 0033			7 Social security tips			8 Alloca	8 Allocated tips 47317.99			
					43428.04					
d Control num				9	Advance EIC payment		10 Deper	ndent care be	enefits	
991	13493							153		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See ir	12a See instructions for box 12			
			247			G	G 3802			
Brittany Russo				13 Stat	,	Third-party	12b			
05721 Thomas Greens Suite 089			emp	loyee plan	x sick pay		677			
Berryville VT 34814-6953			14 Other (see enclosed Notice to Employee)			e) 12c	12c			
							810			
						12d	12d			
							D	450		
f Employee's	address and ZIP code							1-00		
	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local income ta	X	20 Locality name	
AZ	806-84-206	20811.83	1746.18		52419.58 65		6530.2		James Manors	
										
WA	098-87-602	22513.19	1747.75		49129.55	(6346.76		Evan Lodge	

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

