REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website						site		
STATEMENT	78	89-81-6555	OMB N	o. 1545-0	0008 FAS	T! Use	6	ile)	at www.ir	s.gov/efile	Э.	
b Employer identification number			1 Wages, tips, other compensation			2	2 Federal income tax withheld					
94-1745062					211092.03				25691.04			
c Employer's name, address, and ZIP code				3 Social security wages			4	4 Social security tax withheld				
Rhodes Group Ltd				253844.09				19419.07				
30133 Joseph Manors Suite 189				5 Medicare wages and tips			6	6 Medicare tax withheld				
_				182457.59				5291.27				
Port Misty WA 53053-9560				7 Social security tips			8	8 Allocated tips				
				253844.09				182457.59				
d Control number				9 Advance EIC payment 10 Dependent care benefits					enefits			
8721504									278			
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12					
Parist 111 an			286				2273					
David All	David Allen				13 Statutory Retirement Third-party employee plan sick pay				1			
137 Sylvia Place South Erinview MT 43654-7826				14 Other (see enclosed Notice to Employee)				н 638				
							oyee) 120	;	1			
								P	327			
			120				12d					
									312			
f Employee's address and ZIP coo	lo.								J12			
15 State Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wage	s, tips, etc.	19 Local	income tax	(20 Localit	y name	
NJ 130-51	-868	98435.22	13278.08		232545	. 77	3455	0.93		Watts	Knolls	
SC 794-84	l-255	102531.04	10789.44		269605	. 07	2967	3.94		Case	Court	

Wage and Tax

5010

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	al security number			This information is								
STATEMENT	STATEMENT 789-81-6555 OMB No.				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 \	Vages, tips, other comp	ensation	2	2 Federal income tax withheld					
94-1745062					211092.03			25691.04					
c Employer's name, address, and ZIP code				3 5	3 Social security wages			4 Social security tax withheld					
Rhodes Group Ltd					253844.09			19419.07					
30133 Joseph Manors Suite 189				5 1				6 Medicare tax withheld					
-					182457.59				5291.27				
Port Misty WA 53053-9560				7 3	7 Social security tips			8 Allocated tips					
					253844.09			182457.59					
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits					
8721504									278				
e Employee's first name and initial Last name				11 1	11 Nonqualified plans			12a See instructions for box 12					
David 311an					286			2273					
David Allen				13 Statu		Third-party sick pay	12b	î					
137 Sylvia Place				emp	employee plan sick pay			н 638					
South Erinview MT 43654-7826				14 (14 Other (see enclosed Notice to Employee)			i					
								P 327					
							12d	i					
									312				
f Employee's address and ZIP co	de												
15 State Employer's state ID r	umber	16 State wages, tips, etc.	17 State income	tax	18 Local wages, tips, etc. 19		19 Local inc	D Local income tax			ty name		
NJ 130-5	1-868	98435.22	13278.0	8	232545.77 3		34550	4550.93		Watts	Knolls		
SC 794-8	4-255	102531.04	10789.4	4	269605.07 2		29673.94			Case	Court		

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

