REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website						RS Website		
STATEMENT 299-56-9317	OMB N	o. 1545-00	08 FAST! Us	se	5~ III	e	at www.irs	s.gov/efile.		
b Employer identification number		1 W	ages, tips, other comp	ensation	2	Federal	income tax	withheld		
83-4937662			229153.81			44420.99				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Jackson Group PLC			250680.61			19177.07				
60314 Jones Cape Suite 077			5 Medicare wages and tips				6 Medicare tax withheld			
Lake Thomasview DC 16298-3957			211335.94				6128.74			
			7 Social security tips				8 Allocated tips			
			250680.61			211335.94				
d Control number		9 A	dvance EIC payment		10	Depende	ent care ber	nefits		
7375132							150			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Karen Randolph 6918 Abigail Orchard North Danielleton IA 55948-2077			193			4918				
			13 Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee)			12b				
						E 833				
						12c				
							539			
						12d				
						P	310			
f Employee's address and ZIP code						ı				
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	٠	18 Local wages, tips,	etc.	19 Local inc	come tax		20 Locality name		
NJ 309-76-335 115931.1	13084.8		191390.63		42180	. 61		Travis Court		
IL 518-95-712 120538.81	9752.13		203190.97		34444	.74		Michael Glens		

Wage and Tax

5070 **Statement** Form W-2

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.

	REISSUED	a Employee's soc	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
	TATEMENT	2	99-56-9317	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employer identification number				1	Wages, tips, other compensation	Federal income tax withheld					
83-4937662				229153.81			44420.99				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Jackson Group PLC				250680.61			19177.07				
60314 Jones Cape Suite 077				5	Medicare wages and tips	6 Medicare tax withheld 6128.74					
Lake Thomasview DC 16298-3957				211335.94							
			7 Social security tips			8 Allocated tips					
				250680.61			211335.94				
d Control number			9	Advance EIC payment		10 Depend	dent care b	enefits			
7375132								150			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Karen Randolph 6918 Abigail Orchard			193 13 Statutory Retirement Third-party			4918					
			employee plan sick pay			E 833					
	North Danielleton IA 55948-2077			14	Other (see enclosed Notice to Employ	/ee)	12c	ı			
					539						
							12d				
							P	310			
f Emplo 15 State	oyee's address and ZIP co Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10	Local income tax		20 Locality nan	
	· ·		9			= ' ' '				,	
NJ	309-7	0-335 	115931.1	13084.8		191390.63	42	180.61		Travis Co	urt
IL	518-9	5-712	120538.81	9752.13		203190.97	34	444.74		Michael Gl	lens

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

