| REISSUED a Employee's social security number | | | Safe, Accurate, | | | it the IRS Website | | | |
|-----------------------------------------------------------|----------------------------|--------------------------|-----------------------------------------|-------------|----------------|--------------------|--|--|--|
| STATEMENT 018-52-6074 | OMB No | o. 1545-0008 | FAST! Use | G~ II | 16 at w | www.irs.gov/efile. | | | |
| b Employer identification number | | 1 Wage | s, tips, other compensation | 2 | Federal inco | me tax withheld | | | |
| 74-3503954 | | | 65489.6 | | | 19555.35 | | | |
| c Employer's name, address, and ZIP code | | 3 Social | security wages | 4 | Social securi | ity tax withheld | | | |
| Franklin Group Group | | | 53339.22 | | | 4080.45 | | | |
| 9745 Berry Turnpike Suite 076 | | | are wages and tips | 6 | | | | | |
| East Ashley NJ 69534-492 | 28 | 46312.96 | | | 1343.08 | | | | |
| East Ashrey No 09334-492 | 20 | | security tips | 8 | Allocated tips | | | | |
| | | | 3339.22 | | | 312.96 | | | |
| d Control number | | 9 Advar | ice EIC payment | 10 | Dependent of | | | | |
| 5922465 | | | | | 15 | 58 | | | |
| e Employee's first name and initial Last name | | 11 Nonqu | ualified plans | 12a | See instruct | tions for box 12 | | | |
| Julia Nelson | | 262 | | | P 7642 | | | | |
| Julia Neison | | 13 Statutory employee | Retirement Third-party plan sick pay | 12b | i | | | | |
| 797 Cox Views Apt. 950 | | X | Sion pay | | 49 | 97 | | | |
| South Rachel IL 89099-39 | 915 | 14 Other | her (see enclosed Notice to Employee) | | i | | | | |
| | | | | | G 92 | 20 | | | |
| | | | | 12d | | | | | |
| | | | | | P 87 | 71 | | | |
| 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, etc. | 19 Local in | ncome tax | 20 Locality name | | | |
| NH 096-40-819 31230.39 | 3075.87 | 59 | 355.28 | 6732. | . 62 | Walter Pike | | | |
| RI 589-69-003 33691.2 | 2356.43 | 48 | 3279.14 | 6566. | . 55 | Jennifer Squares | | | |

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.

| R | REISSUED | a Employee's socia | l security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | |
|----------------------------------------------------------------------|------------------------------|--------------------|---------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|---------------|---------------|------------------|----|
| | TATEMENT | 01 | .8-52-6074 | 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 | | | | Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 74-3503954 | | | | 65489.6 | | | 19555.35 | | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | |
| Franklin Group Group | | | | 53339.22 | | | 4080.45 | | | | |
| 9745 Berry Turnpike Suite 076 | | | | 5 Medicare wages and tips 46312.96 | | | 6 Medicare tax withheld 1343.08 | | | | |
| East Ashley NJ 69534-4928 | | | | | | | | | | | |
| | | | 7 Social security tips | | | 8 Allocated tips | | | | | |
| | | | | 53339.22 | | | 46312.96 | | | | |
| d Contro | l number | | | | 9 A | dvance EIC payment | | 10 Depe | ndent care be | enefits | |
| | 5922465 | | | | | | | | 158 | | |
| e Employ | yee's first name and initial | Last name | 1 | | 11 N | lonqualified plans | | 12a See i | nstructions | for box 12 | |
| Julia Nelson 797 Cox Views Apt. 950 South Rachel IL 89099-3915 | | | 262 13 Statutory Retirement Third-party 12b | | | | P 7642 | | | | |
| | | | | emplo | | | | 497 | | | |
| | | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | | |
| | | | | | | G | 920 | | | | |
| | | | | | | | | 12d | 1 | | |
| | | | | | | | | P | 871 | | |
| | yee's address and ZIP coo | | T | T.= 2 | | T | | | | T | |
| 15 State | Employer's state ID no | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | | cal income to | ix | 20 Locality name | |
| NH | 096-40 | 0-819 | 31230.39 | 3075.87 | | 59355.28 | 673 | 32.62 | | Walter Pik | :е |
| RI | 589-69 | 9-003 | 33691.2 | 2356.43 | | 48279.14 | 656 | 6.55 | | Jennifer Squar | es |

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

