REISSUED a Employee's social sec	•			Safe, Accurate,	IRS:	A STILL	Visit the IRS Website	
STATEMENT 075-	31-4768	OMB No	. 1545-00	008 FAST! Use		rfile >	at www.irs.gov/efile.	
b Employer identification number			1 V	Vages, tips, other compensation		2 Federa	I income tax withheld	
57-0241349				68180.16		1219	3.14	
c Employer's name, address, and ZIP code			3 8	Social security wages		4 Social s	security tax withheld	
Shea Group Ltd			69560.83			5321.4		
715 Michelle Square Apt. 019			5 Medicare wages and tips			6 Medicare tax withheld		
Jennatown OH 17568-0644			73791.14			2139.94		
Deimacown On 17500 0044			7 Social security tips			8 Allocated tips		
				69560.83			73791.14	
d Control number			9 A	Advance EIC payment		10 Depend	dent care benefits	
3560594							201	
e Employee's first name and initial Last name			11 N	lonqualified plans		12a See ins	structions for box 12	
7			280			н 5113		
Wayne Jimenez 2735 Derek Mountain			13 Statu empl		rty	12b	1	
						P	990	
Justinmouth WV	99684-4401		14 (Other (see enclosed Notice to Emp	oloyee)	12c	i	
						P	503	
						12d	1	
						Н	533	
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 L	ocal income tax	20 Locality name	
AK 909-62-468 31	L453.8	2719.61		66303.28	10:	312.3	Gina Land	
NY 282-57-528 31	1097.69	2725.94		69335.28	86:	16.16	Kaitlin Mission	

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

201 Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

REISSUED	a Employee's soci	al security number							rvice. If you are required		
STATEMENT	0	75-31-4768	OME	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	er			1 \	Vages, tips, other comp	ensation	2 F	ederal income t	ax withheld		
57-0241349					68180.16			12193.14			
c Employer's name, address, and ZIP code				3 5	3 Social security wages			4 Social security tax withheld			
Shea Group Ltd					69560.83			5321.4			
715 Michelle Square Apt. 019				5 N				6 Medicare tax withheld			
					73791.14			2139.94			
Jennatown OH 17568-0644				7 5	Social security tips		8 A	llocated tips			
					69560.83			73791.14			
d Control number			9 /	9 Advance EIC payment			10 Dependent care benefits				
3560594							201				
e Employee's first name and in	itial Last nam	е		11 1	lonqualified plans		12a S	ee instructions	s for box 12		
				280			н 5113				
Wayne Jimenez			13 Statu		Third-party	12b					
2735 Derek Mountain				empl	oyee plan	x sick pay	1	P 990			
Justinmouth WV 99684-4401				14 (14 Other (see enclosed Notice to Employee)			12c			
								P 503			
				12d							
							١,	н 533			
f Employee's address and ZIP	code							-			
15 State Employer's state I		16 State wages, tips, etc.	17 State income to	ax	18 Local wages, tips,	etc.	19 Local incor	ne tax	20 Locality name		
AK 909-	62-468	31453.8	2719.61		66303.28		10312.	3	Gina Land		
NY 282-	57-528	31097.69	2725.94		69335.28	1	8616.1	6	Kaitlin Mission		

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

