RE	REISSUED a Employee's social security number				Safe, Accurate,					Visit the IRS Website				
STA	TEMENT	38	80-89-6090	OMB N	No. 1545-0	8000	FAST! Us	e 🐃	G ~1	ile	at www.i	irs.gov/efile		
b Employer	identification number			•	1	Wages, tips,	other compe	nsation	2	Federa	al income ta	x withheld		
51-9830474						197245.86				39585.04				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Carter Group LLC						158769.23				12145.85				
0296 Turner Mews Monicatown SC 71035-7283					5 Medicare wages and tips				6	6 Medicare tax withheld				
					161566.66					4685.43				
					7 Social security tips				8					
						158769.23				161566.66				
d Control number					9	Advance EIC	payment		10	Depen	dent care b	enefits		
	603524										255			
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a	12a See instructions for box 12				
Brian Miller					248				P 6231					
					13 Statutory Retirement Third-party				12b)				
21015 Williams Terrace					emp	employee plan sick pay				P 845				
Jenkinsmouth LA 05131-8318					14	14 Other (see enclosed Notice to Employee)					1			
										E	348			
									120	12d				
										н	129			
f Employees	's address and ZIP cod	•							-	п	129			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local	wages, tips, e	etc.	19 Local	ncome ta	x	20 Locality	name	
ні	519-04	-378	98023.45	10923.79		2125	34.52		2219	4.38		Hudson	Trail	
ME	041-03	-734	105072.19	12976.73		2196	87.45		3500	6.86		Kara 1	Irace	

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.

REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are re								
STATEMENT 380-89-6090	OMB No	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	1 W	ages, tips, other compensation		Federal income tax withheld				
51-9830474	197245.86			39585.04				
c Employer's name, address, and ZIP code	3 Social security wages			4 Social security tax withheld				
Carter Group LLC	158769.23			12145.85				
0296 Turner Mews	5 Me	dicare wages and tips	6 Medicare tax withheld 4685.43					
Warriagham 00 71025 700		161566.66						
Monicatown SC 71035-728	7 Sc	cial security tips		8 Allocated tips				
		158769.23		161566.66				
d Control number		9 Advance EIC payment			10 Dependent care benefits			
6603524					255			
e Employee's first name and initial Last name	11 Nonqualified plans			12a See instructions for box 12				
Paire Willer	248			P 6231				
Brian Miller	13 Statutory Retirement Third-party employee plan sick pay			12b	1			
21015 Williams Terrace				P	845			
Jenkinsmouth LA 0513	14 Ot	ner (see enclosed Notice to Employ	12c					
				E	E 348			
				ŀ	12d			
				Н	129			
f Employee's address and ZIP code								
15 State Employer's state ID number 16 State wages, tips, e	tc. 17 State income tax		18 Local wages, tips, etc.		ocal income tax	20 Locality name		
HI 519-04-378 98023.45	10923.79	212534.52		22	194.38	Hudson Trail		
ME 041-03-734 105072.19	12976.73		219687.45	35	006.86	Kara Trace		

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

