REISSUED a Employee's soc	ial security number		Safe, Accurate, Visit the IRS Website							
STATEMENT 1	06-15-0349	OMB N	o. 1545-00	DOS FAST! Use		≁file	at www.	irs.gov/efile.		
b Employer identification number			1 \	Wages, tips, other compensation		2 Fed	eral income ta	x withheld		
22-2723657				193366.79			40590.66			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Stephens LLC Group			149131.36			11408.55				
300 Brown Knolls Port John WV 60366-7050			5 Medicare wages and tips			6 Medicare tax withheld				
			229250.86			6648.27				
Port John WV 60366-7050			7 Social security tips			8 Allocated tips				
				149131.36			229250.86			
d Control number			9 Advance EIC payment			10 Dep	10 Dependent care benefits			
6217359							119			
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for			for box 12				
Stephanie Robinson			186			3445				
			13 Statutory Retirement Third-party employee plan sick pay			12b	1			
9107 Sherri Fork Suite 631			empi	X Sick pay		E	650			
East Kevin IA	43084-1379		14 (Other (see enclosed Notice to Emp	oloyee)	12c	1			
East Revin in 45004 1579						P	249			
						12d				
						н	660			
						п	000			
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 income	tax	20 Locality name		
OR 522-30-146	91101.51	3494.36		165473.61		3042.7		,		
OR 322-30-146	91101.31	3434.30		1034/3.01	33	,,,,,,	0	Joseph Turnpike		
GA 469-37-625	104274.68	4830.55		184642.75	34	1773.3	3	Valencia River		

Wage and Tax

Form W-2 Statement

5010

Cut here. Keep lower portion for your records.

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.

F	REISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required					
	TATEMENT	10	06-15-0349	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				
22-2723657			193366.79			40590.66				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Stephens LLC Group			149131.36			11408.55				
300 Brown Knolls Port John WV 60366-7050			5 Medicare wages and tips			6 Medicare tax withheld				
			229250.86			6648.27				
			7 Social security tips			8 Allocated tips				
			149131.36			229250.86				
d Control number			9 Advance EIC payment			10 Dependent care benefits				
6217359						119				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Stephanie Robinson			186			3445				
			13 Statu			12b				
9107 Sherri Fork Suite 631			emple	pyee plan sick pay		E	650			
East Kevin IA 43084-1379				14 Other (see enclosed Notice to Employee)			12c			
			!			P 249				
							İ	12d		
								н	660	
f Emplo	oyee's address and ZIP cod	le					İ			
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax	State income tax 18 Local wages, tips, etc. 19 Local income tax			20 Locality name		
OR	522-30	-146	91101.51	3494.36		165473.61	33			Joseph Turnpike
GA	469-37	'-625	104274.68	4830.55		184642.75	34	773.33		Valencia River

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

