REISSU	JED a Employee's	social security number			Safe, A	ccurate,	RS O	Ha	Visit the	IRS Website		
STATEM	ENT	687-56-6162	OMB N	No. 1545-00	008 FAST!	Use	<i>G</i>	file	at www.i	rs.gov/efile.		
b Employer identification number				1 \	1 Wages, tips, other compensation			Federal income tax withheld				
50-5950608					225903.39				33577.89			
c Employer's name	, address, and ZIP code			3 8	3 Social security wages				4 Social security tax withheld			
Frost Group LLC					288526.53				22072.28			
276 Chandler Underpass Apt. 134				5 Medicare wages and tips				6 Medicare tax withheld				
Glovertown ME 57384-1895					227005.31				6583.15			
					7 Social security tips				8 Allocated tips			
					288526.53			227005.31				
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits				
82531	L38								142			
e Employee's first name and initial Last name				11 1	11 Nonqualified plans			12a See instructions for box 12				
Charles Burns				182				D 7346				
				13 Statutory Retirement Third-party employee plan sick pay				2b	1			
78434 Reynolds Garden Suite 690 Robinsonville RI 42529-4669					X Sick Day X Other (see enclosed Notice to Employee)				972			
									1			
RODINSONVILLE RI 42323 4003								881				
							12	12d				
								E	836			
f Employee's address and ZIP code							-		1000			
	ver's state ID number	16 State wages, tips, etc.	17 State income tax	1	18 Local wages, t	ps, etc.	19 Loca	l income ta	х	20 Locality name		
IN	274-06-442	124012.07	6267.13	235004.03		3	2261	22619.5		Mary Rue		
PA	148-54-767	105875.88	7735.67		226754.27 3		3941	1.46	Holt Lodge			

Wage and Tax Statement

Form W-2

5070

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.

RE	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STA	ATEMENT	68	37-56-6162	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	r identification number	•		•	1 \	Wages, tips, other compensation		2 Federal income tax withheld			
50-5950608					225903.39			33577.89			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Frost Group LLC					288526.53			22072.28			
276 Chandler Underpass Apt. 134 Glovertown ME 57384-1895					5 Medicare wages and tips			6 Medicare tax withheld			
						227005.31		6583.15			
					7 Social security tips			8 Allocated tips			
						288526.53		227005.31			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
82	253138							142			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Charles Burns					182			D 7346			
					13 Statutory Retirement Third-party employee plan sick pay X 14 Other (see enclosed Notice to Employee)			12b			
78434 Reynolds Garden Suite 690				E							
				12c							
Robinsonville RI 42529-4669								120	I		
				881							
				12d							
								E	836		
f Employee	e's address and ZIP cod	de									
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local income tax		20 Locality name	
IN	274-06	5-442	124012.07	6267.13		235004.03	22	22619.5		Mary Rue	
PA	148-54	1-767	105875.88	7735.67		226754.27	39	411.46		Holt Lodge	

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

