REISSUED a Employee's social se	ecurity number			Safe, Accurate,	Visit the IRS Website				
STATEMENT 576	-56-8192	OMB No	o. 1545-0	DOB FAST! Use		*file	at www.ii	rs.gov/efile.	
b Employer identification number			1 \	Nages, tips, other compensation		2 Federa	l income tax	withheld	
60-1200108				63863.19			8289.09		
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld		
Waters PLC Group			79220.08			6060.34			
85281 Roger Crescent Lake Richard IL 49569-8908			5 Medicare wages and tips			6 Medicare tax withheld			
			71652.39			2077.92			
			7 Social security tips			8 Allocated tips			
				79220.08			7165		
d Control number			9 /	Advance EIC payment		10 Depend	dent care be	enefits	
1580370							164		
e Employee's first name and initial Last name			11 1	Nonqualified plans		12a See ins	structions f	or box 12	
Daniel Prince			221			E 8391			
			13 Statutory Retirement Third-party employee plan sick pay			12b			
60616 Rodney Gateway			emp	loyee plan sick p	iy	D	320		
Powershaven TX	75023-2014		14 (Other (see enclosed Notice to En	ployee)	12c	İ		
							812		
						12d			
						E	622		
f Employee's address and ZIP code									
15 State Employer's state ID number 1	6 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	ocal wages, tips, etc. 19			20 Locality name	
VT 925-01-823 3	31652.42	1766.26		72059.12 9		9125.64		Christine Mall	
AK 205-51-373 3	31481.15	2292.35		56788.92		8729.43		Paul Grove	

Wage and Tax

Form W-2 Statement

5010

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.

	REISSUED	a Employee's socia	•	OMP N	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if					
	<u> TATEMENT</u>	5 /	76-56-8192	OIVIB IN	this income is taxable and you fail to report it.					
b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
60-1200108					63863.19			8289.09		
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Waters PLC Group				79220.08			6060.34			
85281 Roger Crescent				5 Medicare wages and tips 71652.39			6 Medicare tax withheld 2077.92			
				79220.08			71652.39			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
1580370							164			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Daniel Prince			221			E 8391				
			13 Statutory Retirement Third-party employee plan sick pay			12b	ı			
60616 Rodney Gateway			x			D 320				
Powershaven TX 75023-2014			14 (Other (see enclosed Notice to Employ	ree)	12c	ı			
						812				
						12d	ı			
						E	E 622			
f Employee's address and ZIP code				T				1		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name
VT	925-01	L-823	31652.42	1766.26		72059.12	91	25.64		Christine Mall
AK	205-51	L-373	31481.15	2292.35		56788.92	87	29.43		Paul Grove

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

