REISSUED a	Employee's social security number		Safe, Accurate, Visit the IRS Website							
STATEMENT	611-05-0510	OMB No	o. 1545-00	DOS FAST! Use		~file	at www.ii	rs.gov/efile.		
<b>b</b> Employer identification number		·	1 V	Vages, tips, other compensa	ation	2 Federal income tax withheld				
23-4026342			207286.87			23394.38				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Barnes Ltd Group				152984.69			11703.33			
33350 Edwards Plaza				5 Medicare wages and tips			6 Medicare tax withheld			
North Austin DE 19307-8761				241455.75			7002.22			
NOTCH AUSCIN DE 19307-6761				7 Social security tips			8 Allocated tips			
				152984.69			241455.75			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
3036761				·			144			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Rebecca Miller			199			3538				
			13 Statutory Retirement Third-party employee plan sick pay			12b				
2528 Maldonado Estates Suite 791				pyee plan s	ick pay		429			
Christineto	Other (see enclosed Notice to	o Employee)	12c	1						
CHIISCINGCOWN HI 71040 0330							574			
						12d				
						н	858			
f Employee's address and ZIP code										
15 State Employer's state ID num		17 State income tax		18 Local wages, tips, etc.	19	Local income to	ax	20 Locality name		
AR 119-14-	-301 94336.17	8469.6		155382.2		35654.4		Nicholas Squares		
GA 793-56-	-485 104409.19	9295.22		181308.53		30488.23		Stephanie Estates		

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.

F	REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required					
S	TATEMENT	6	11-05-0510	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			
23-4026342					207286.87			23394.38		
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
Barnes Ltd Group				152984.69			11703.33			
33350 Edwards Plaza				5 Medicare wages and tips			6 Medicare tax withheld			
North Austin DE 19307-8761				241455.75			7002.22			
				7 Social security tips			8 Allocated tips			
				152984.69			241455.75			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
3036761				<u> </u>			144			
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Rebecca Miller			199			3538				
			13 Statu	utory Retirement Third-party		12b				
2528 Maldonado Estates Suite 791				empl	loyee plan sick pay			429		
				$ldsymbol{ldsymbol{eta}}$	Other (see enclosed Notice to Employe	ee)	12c			
Christinetown HI 71840-8530				, , ,						
			574							
							12d			
						н 858				
f Employee's address and ZIP code										
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
AR	119-14	1-301	94336.17	8469.6		155382.2		35654.4		Nicholas Squares
GA	793-56	6-485	104409.19	9295.22		181308.53		30488.23		Stephanie Estates

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

