REISSUED a E	Employee's social security number		Safe, Accurate, Visit the IRS Website						
STATEMENT	094-46-5342	OMB No	o. 1545-000	8 FAST! Use	G-V	IIIE	at www.irs.gov/efile.		
<b>b</b> Employer identification number			1 W	ages, tips, other compensation	1	2 Federal income tax withheld			
26-9668708				41269.66			8290.3		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Houston-Beck Group			52004.15			3978.32			
4667 Johnson Knoll Suite 337			5 Medicare wages and tips			6 Medicare tax withheld			
Lake Ericmouth WI 38794-3139				37977.23		1101.34			
Lake Effemouth WI 30/94-3139				ocial security tips	'	8 Allocated tips			
				52004.15			37977.23		
d Control number			9 Advance EIC payment			10 Dependent care benefits			
547535						105			
e Employee's first name and initial	Last name		11 No	onqualified plans	1:	2a See ins	tructions for box 12		
Ronald Adams			214			D 7648			
			13 Statutory Retirement Third-party			2b			
2333 Nguyen Ridges Suite 521			employee plan sick pay			P 241			
South Toddchester CA 38964-1834			14 Other (see enclosed Notice to Employee)			2c			
							230		
					1:	2d			
							674		
f Employee's address and ZIP code							07.1		
15 State Employer's state ID numbe	r 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loca	al income tax	20 Locality name		
PA 742-78-6	18922.86	1379.15	53302.03 6408.27		Sheila Camp				
MA 021-18-4	20783.56	1633.44		30979.67	6033	3.47	Elizabeth Orchard		

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		cial security number		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					
S	TATEMENT		94-46-5342	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.					
b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
26-9668708					41269.66			8290.3		
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
Houston-Beck Group					52004.15			3978.32		
4667 Johnson Knoll Suite 337					5 Medicare wages and tips 37977.23  7 Social security tips			6 Medicare tax withheld  1101.34  8 Allocated tips		
Lake Ericmouth WI 38794-3139										
d Control number				9 Advance EIC payment			10 Dependent care benefits			
547535							105			
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Ronald Adams			214			D 7648				
Nonata namb				13 Statutory Retirement Third-party employee plan sick pay  14 Other (see enclosed Notice to Employee)			12b	I		
2333 Nguyen Ridges Suite 521 South Toddchester CA 38964-1834			P				241			
			12c				· ·			
							230			
								12d		
								674		
	yee's address and ZIP co		T	T						Tarana an
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income ta	Х	20 Locality name
PA	742-78	3-621	18922.86	1379.15		53302.03	64	08.27		Sheila Camp
MA	021-18	3-409	20783.56	1633.44		30979.67	60	33.47		Elizabeth Orchard

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

