REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Websit						IRS Website		
STATEMENT	28	30-08-8296	OMB N	o. 1545-(	0008 <b>FAS</b>	T! Use	6	file	at www.i	rs.gov/efile.		
b Employer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld			
26-806120	5				121790.02				26670.47			
c Employer's name, address, a	nd ZIP code			3 Social security wages				4 Social security tax withheld				
Monroe and Sons Group				120810.02				9241.97				
87874 Katherine Points				5 Medicare wages and tips				6 Medicare tax withheld				
				127688.24				3702.96				
North Briantown ME 43930-7323				7 Social security tips			8	8 Allocated tips				
				120810.02				127688.24				
d Control number				9 Advance EIC payment 10 Dependent care bene				enefits				
1804936									231			
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12				
				127				6928				
Shannon Zimmerman			13 Statutory Retirement Third-party			/ 12	2b					
336 Luis Club				employee plan sick pay				G	800			
				14	Other (see enclose	sed Notice to Emplo	vee) 12	2c				
Marissatown MT 73966-9099			, , , ,									
							288					
						12	2d	1				
								D	954			
f Employee's address and ZIP							_					
15 State Employer's state II		16 State wages, tips, etc.	17 State income tax		18 Local wage	· ·		al income ta:	(	20 Locality name		
FL 222-	55-811	55135.61	3140.71		129045	.19	1709	91.06		Brown Track		
CT 851-	73-685	65344.7	2099.97		138913	.41	1446	50.48		Franklin Shoal		

Wage and Tax Statement

<sub>x</sub> 5010

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 socia	•		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	28	30-08-8296	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
<b>b</b> Emplo	b Employer identification number				Wages, tips, other compensation			Federal income tax withheld			
26-8061205				121790.02			26670.47				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Monroe and Sons Group				120810.02			9241.97				
87874 Katherine Points				5 Medicare wages and tips			Medicare tax withheld				
				127688.24			3702.96				
	North Briantown ME 43930-7323				7 Social security tips			8 Allocated tips			
				120810.02			127688.24				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
1804936							231				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Shannon Zimmerman				127  13 Statutory Retirement Third-party employee plan sick pay			6928				
336 Luis Club							G 800				
	Marissatown MT 73966-9099			14 Other (see enclosed Notice to Employee)			12c				
Mailssacown Mi 73900-9099							288				
								12d	Ī		
							D	954			
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 I	Local income tax		20 Locality	/ name
FL	222-55	5-811	55135.61	3140.71		129045.19 17		7091.06		Brown	Track
СТ	851-73	3-685	65344.7	2099.97		138913.41	14	460.48		Frankli	n Shoal

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

