	e and Tax ement		501		Depa	artment (of the Trea	suryIntern	al Revenue Service		
OK 482-	35-233	107489.1	6550.08	1	64857.44	27939.43		3	Brandon Islands		
MI 362-	14-195	108342.03	6136.28	1	49290.23	37	37389.58		Kennedy Tunnel		
15 State Employer's state		16 State wages, tips, etc.	17 State income tax	18	B Local wages, tips, etc.	19 L	ocal income	tax	20 Locality name		
f Employee's address and Zli	ode 2 code					-	H	467			
							12d	1			
							P	344			
Port Elizabeth MD 70607-9365					r (see enclosed Notice to Emp	oloyee)	12c	1			
6096 Turner Center Apt. 807				employee	plan sick pay	′		282			
Ryan French				13 Statutory Retirement Third-party 12b							
					199			4903			
6041457 e Employee's first name and initial Last name				11 Non	11 Nonqualified plans			12a See instructions for box 12			
d Control number					9 Advance EIC payment			10 Dependent care benefits 169			
					142497.6			186557.99			
West Destiny NC 41249-7629					7 Social security tips			8 Allocated tips			
					186557.99			5410.18			
1432 Cervantes Inlet								6 Medicare tax withheld			
Beck, Perez and Rose Group					142497.6			10901.07			
r I – ZZ / IZ 95 c Employer's name, address, and ZIP code								4 Social security tax withheld			
b Employer identification number 71-2271295					1 Wages, tips, other compensation 200910.62			Federal income tax withheld 45700 . 42			
STATEMENT		52-33-7198	OMB N	No. 1545-0008	FAST! Use	<u> </u>	2 5		irs.gov/efile.		
REISSUED a Employee's social security number					Safe, Accurate,	IRS •	v file		IRS Website		
								_			

Statement Form W-2 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 social so		This information is being furnished to the Internal Revenue Service. If you are required								
STATEMENT 452	-33-7198	OMB No	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				
71-2271295				200910.62			45700.42			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Beck, Perez and Rose Group				142497.6			10901.07			
1432 Cervantes Inlet				5 Medicare wages and tips			6 Medicare tax withheld			
West Destiny NC 41249-7629				186557.99 7 Social security tips			5410.18			
							8 Allocated tips			
	142497.6			186557.99						
d Control number				9 Advance EIC payment			10 Dependent care benefits			
6041457							169			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Ryan French			199			4903				
			13 Statu			12b				
6096 Turner Center Apt. 807				employee plan sick pay			282			
Port Elizabeth MD 70607-9365				other (see enclosed Notice to Employ	ree)	12c				
1010 111100011 115 10001 9000						P	344			
					ŀ	12d				
							н 467			
f Employee's address and ZIP code										
	6 State wages, tips, etc.	17 State income tax		10 = 10 m m g 11, mp 1, 110 m		Decay income tax		20 Locality name		
MI 362-14-195 1	108342.03	6136.28		149290.23	37	389.58		Kennedy Tunnel		
OK 482-35-233 1	107489.1	6550.08		164857.44 27		7939.43		Brandon Islands		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

