REISSUED a Employee's social security number				Safe	, Accurate,		Ha	Visit the	IRS Website		
STATEMEN	T 3	43-50-0345	OMB N	o. 1545-0	008 FAS	T! Use	G	ile	at www.i	irs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation			2	Federal income tax withheld			
34-5910080				201964.14				26179.75			
c Employer's name, addr	ess, and ZIP code			3 Social security wages			4	4 Social security tax withheld			
Duncan Group Ltd				225506.95				17251.28			
2441 Camacho Track				5 Medicare wages and tips				6 Medicare tax withheld			
Markfurt DE 84620-9645				193846.71				5621.55			
				7 Social security tips			8	8 Allocated tips			
				225506.95				193846.71			
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
4363093								152			
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12			
				215				3418			
Nathaniel Kelly				13 Statutory Retirement Third-party employee plan sick pay			12	12b			
744 Tiffany Rapid Suite 763				employee plan sick pay				E 993			
North Kelly WI 98620-8290				14 (Other (see enclos	ed Notice to Emplo	yee) 12	!c	1		
							G	118			
							12	12d			
								E	793		
f Employee's address ar	d ZIP code								1		
15 State Employer's s	5 State Employer's state ID number 16 State wages, tips, etc. 17 State income		17 State income tax	18 Local wages, tips, etc. 19		19 Loca	9 Local income tax 2		20 Locality name		
MN 87	1-55-972	96623.42	6986.4		236900	. 82	2363	37.72		Brown Square	
GA 73	6-00-893	92776.05	7292.67		244540	. 91	3197	2.45		Navarro Mission	

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.

REISSU	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required						
STATEME	STATEMENT 343-50-0345 OMB NO.				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	b Employer identification number				Wages, tips, other compens	sation	2 Federal income tax withheld				
34-5910080					201964.14			26179.75			
c Employer's name, a	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Duncan Group Ltd					225506.95			17251.28			
2441 Camacho Track				5	l			6 Medicare tax withheld			
Markfurt DE 84620-9645					193846.71			5621.55			
				7	7 Social security tips			8 Allocated tips			
					225506.95			193846.71			
d Control number				9	9 Advance EIC payment			10 Dependent care benefits			
43630	4363093							152			
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12			
Nathaniel Kelly				215			3418				
Nathaniel Kelly				13 Stat		Third-party sick pay	12b	ì			
744 Tiffany Rapid Suite 763				emp	employee plan sick pay			E 993			
North Kelly WI 98620-8290				14	14 Other (see enclosed Notice to Employee)			12c			
							G 118				
							12d				
							E	793			
f Employee's addres	s and ZIP code										
15 State Employe	r's state ID number	16 State wages, tips, etc.	17 State income tax	x	18 Local wages, tips, etc	. 19	Local income tax		20 Locality name		
MN	871-55-972	96623.42	6986.4		236900.82	23	3637.72		Brown Square		
GA	736-00-893	92776.05	7292.67		244540.91	33	1972.45		Navarro Mission		

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

