REISSUED a Employee's social sec	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website					
STATEMENT 158-	-59-0210	OMB No	. 1545-00	08 FAST! Use	e viil	at www.i	rs.gov/efile.		
b Employer identification number			1 V	lages, tips, other compensation	2 F	ederal income tax	withheld		
46-1362687				111623.67	31	31820.66			
c Employer's name, address, and ZIP code			3 S	ocial security wages	4 S	ocial security tax	withheld		
Robinson, May and Rive	ra Group			94698.9		44.47			
56953 Charles Creek Suite 808 Barneshaven MT 05989-5298			5 N	ledicare wages and tips	6 N	2979.94			
				102756.48					
Barnesnaven Mi 0596	9-3296		7 S	ocial security tips	8 A	llocated tips			
				94698.9			56.48		
d Control number			9 A	dvance EIC payment	10 D	ependent care be	enefits		
6513713						298			
e Employee's first name and initial Last name			11 N	onqualified plans	12a S	ee instructions	for box 12		
- 11				277		G 1609			
Jacob Thomas		-	13 Statut		12b	1			
3267 Nelson Drive Su	iite 521		emplo	pyee plan sick pay	1	778			
Graystad MI 89	385-4547	•	14 C	other (see enclosed Notice to Employ	/ee) 12c	ı			
						605			
					12d				
						G 137			
f Employee's address and ZIP code						3 137			
1.7	State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local incor	ne tax	20 Locality name		
SC 182-18-644 52	2879.27	4048.02		106321.8	16515.	52	James Village		
MT 501-20-746 54	4785.6	3861.8		78359.2	19057.	74	Smith Junctions		

Wage and Tax Statement

Form W-2

5070

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.

RF	EISSUED	a Employee's socia	I security number			This information is being furnish	hed to th	ne Internal Rev	enue Servi	ce. If you are required
	ATEMENT	15	8-59-0210	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			1 V	Vages, tips, other compensation		2 Federal income tax withheld				
46-1362687				111623.67			31820.66			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Robinson, May and Rivera Group				94698.9			7244.47			
56953 Charles Creek Suite 808			5 Medicare wages and tips			6 Medicare tax withheld				
Barneshaven MT 05989-5298			102756.48 7 Social security tips			2979.94 8 Allocated tips				
d Control no	number				9 A	dvance EIC payment		10 Depend	lent care be	enefits
6.	513713								298	
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
J	acob Thom	nas			13 Statu	277 tory Retirement Third-party		G	1609	
3.	267 Nelsc	on Drive	Suite 521		emple			D	778	
G	raystad	MI	89385-4547		14 (Other (see enclosed Notice to Employ	ee)	12c		
Graystad Mr 09303-4347						605				
							-	12d		
								G	137	
	e's address and ZIP cod	е							•	
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	cal income tax		20 Locality name
SC	182-18	-644	52879.27	4048.02		106321.8	165	15.52		James Village
мт	501-20	-746	54785.6	3861.8		78359.2	190	57.74		Smith Junctions

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

