REISSUED	a Employee's soci	al security number			Safe, Ad	ccurate,		H	Visit the	IRS Website	
STATEMENT	7:	L2-23-1043	OMB N	o. 1545-0	008 FAST! I	Jse 📉	G~I	ile	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation			2	Federal income tax withheld			
42-606703	7				199453.79			31980.22			
c Employer's name, address, a	nd ZIP code			3 Social security wages			4	4 Social security tax withheld			
Evans Group Inc				222317.09				17007.26			
44500 Edwin Key				5 Medicare wages and tips				6 Medicare tax withheld			
New Brandon MA 07693-2317				161435.05				4681.62			
				7 Social security tips			8	8 Allocated tips			
				222317.09				161435.05			
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
5584170								243			
e Employee's first name and in	tial Last nam	9		11	Nonqualified plans		12a	See in	structions	for box 12	
	··· 1 - 1-				142			D	7323		
Andrea N	Walsh			13 State		Third-party sick pay	12b		1		
002 Tina Place				employee plan sick pay  X  14 Other (see enclosed Notice to Employee)				286			
East Ian	ee) 12c										
East Ian VT 19781-3932									530		
						12d	12d				
								G	709		
f Employee's address and ZIP	anda							<u> </u>	109		
15 State Employer's state II		16 State wages, tips, etc.	17 State income tax		18 Local wages, tip	s, etc.	19 Local i	ncome ta	x	20 Locality name	
WA 067-	19-497	93253.25	4392.38		206523.1	5	3821	5.29		Chandler Ports	
ME 673-	50-815	98919.91	4722.08		148504.9		2709	7.29		Crawford Freeway	

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.

REISSUED a Employee's soci	REISSUED a Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are requ							
STATEMENT 7	STATEMENT 712-23-1043			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>b</b> Employer identification number			1	Wages, tips, other compensation	2	Federa	l income tax	withheld		
42-6067037				199453.79			31980.22			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Evans Group Inc				222317.09			17007.26			
44500 Edwin Key			5 Medicare wages and tips			6 Medicare tax withheld				
New Brandon MA 07693-2317			161435.05			4681.62				
			7 Social security tips			8 Allocated tips				
				222317.09			161435.05			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
5584170							243			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
				142		D	7323			
Andrea Walsh			13 Stat		12b					
002 Tina Place			employee plan sick pay			286				
East Ian VT	19781-3932		14	Other (see enclosed Notice to Employ	yee) 12c					
East Ian VI 19761-3932						530				
					12d		330			
						_				
						G	709			
f Employee's address and ZIP code  15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local ii	anama tay		20 Locality name		
	9			=				, i		
WA 067-19-497	93253.25	4392.38		206523.15	38215	0.29		Chandler Ports		
ME 673-50-815	98919.91	4722.08		148504.9	27097	7.29		Crawford Freeway		

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

