| RE | EISSUED | a Employee's socia | al security number | | | Safe | , Accurate, | e D | z HI | | Visit the | IRS Web | site | |
|---|--------------------------|--------------------|----------------------------|--------------------|-----------------------|--|-------------|---------------------------------|-----------|--------------------------------|-----------|------------|----------|--|
| ST | ATEMENT | 25 | 59-90-3250 | OME | No. 1545-0 | 0008 FAS | T! Use | | | 9 | at www.ii | rs.gov/efi | le. | |
| b Employer identification number | | | | | 1 | 1 Wages, tips, other compensation | | | | Federal income tax withheld | | | | |
| 26-2676094 | | | | | | 131714.17 | | | | 16318.73 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 | 3 Social security wages | | | | 4 Social security tax withheld | | | | |
| Adkins Group Group | | | | | | 146263.94 | | | | 11189.19 | | | | |
| 84649 Snow Junctions Rachelville DE 18245-4561 | | | | | 5 | - meanant magat ama apt | | | | 6 Medicare tax withheld | | | | |
| | | | | | | 101360.52 | | | | 2939.46 | | | | |
| Racherville DE 10245-4501 | | | | | 7 | 7 Social security tips | | | | 8 Allocated tips | | | | |
| | | | | | | 146263.94 | | | | 101360.52 | | | | |
| d Control number | | | | | 9 | | | | | | | | | |
| 1395664 | | | | | | | | | 116 | | | | | |
| e Employee's first name and initial Last name | | | | 11 | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | | |
| т. | Loretta Jackson | | | | | 233 | | | D 2229 | | | | | |
| | | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 1 | | | | |
| 072 Doyle Villages Suite 866 Jordanburgh SC 89064-3643 | | | | | | x x | | | | | G 534 | | | |
| | | | | | | 14 Other (see enclosed Notice to Employee) | | | | 12c | | | | |
| , | | | | | | | | | | E | 174 | | | |
| | | | | | | | | | | 12d | | | | |
| | | | | | | | | | | H | 782 | | | |
| | e's address and ZIP code | | | | | | | | | | | | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income to | ax | 18 Local wage: | • • | | ocal inco | | | 20 Local | ity name | |
| WY | 900-02 | -639 | 67043.9 | 5296.8 | | 131349 | . 4 | 203 | 315. | 74 | | John | Plains | |
| ND | 210-28 | -166 | 71451.7 | 5852.85 | | 144918 | . 88 | 195 | 522. | 04 | | Rober | t Green | |

Wage and Tax Statement

Form W-2

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 | al security number | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | | | |
|--|---------------------------|-------------------|----------------------------|--|---|---------------------------------|----------------------------|--------------------------------|-------|----------|------------------|--|--|
| | CLIOGOLD | | 59-90-3250 | OMB N | OMP No. 1545 0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if | | | | | | | | |
| STATEMENT 259-90-3250 OMB N b Employer identification number | | | | this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld | | | | | | | | | |
| | * | | | | | | | | | | | | |
| 26-2676094 | | | | | | 131714.17 | | | | 16318.73 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | |
| Adkins Group Group | | | | | 146263.94 5 Medicare wages and tips | | | 11189.19 | | | | | |
| 84649 Snow Junctions Rachelville DE 18245-4561 | | | | | 5 N | | 6 Medicare tax withheld | | | | | | |
| | | | | | | | 2939.46 | | | | | | |
| | | | | | 7 5 | | 8 Allocated tips | | | | | | |
| | | | | | | 101360.52 | | | | | | | |
| d Control number | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | | |
| 1395664 | | | | | | | | 116 | | | | | |
| e Employee's first name and initial Last name | | | | 11 1 | | 12a See instructions for box 12 | | | | | | | |
| Loretta Jackson | | | | 233 | | | D 2229 | | | | | | |
| | | | | 13 Statutory Retirement Third-party employee Plan X X X 14 Other (see enclosed Notice to Employee) | | | 12b | | | | | | |
| 072 Doyle Villages Suite 866 Jordanburgh SC 89064-3643 | | | | | | | | G 534 | | | | | |
| | | | | | | | 1 | | | | | | |
| | | | | | | | 12c | 1 | | | | | |
| | | | | | | | | E 174 | | | | | |
| | | | | | | | F | 12d | | | | | |
| | | | | | | | | | . | | | | |
| | | | | | | | | | н 782 | | | | |
| | yee's address and ZIP coo | | | | | T | | | | | T | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | 3.,,,,,,, | | | Decal income tax | | | 20 Locality name | | |
| WY | 900-02 | 2-639 | 67043.9 | 5296.8 | | 131349.4 | 20 | 315. | 74 | | John Plains | | |
| ND | 210-28 | 3-166 | 71451.7 | 5852.85 | | 144918.88 | 19 | 522. | 04 | | Robert Green | | |

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

