| R   | REISSUED a Employee's social security number |      |                            |                     | Safe, Accurate,  |                                   |         |            | Visit the IRS Website                         |          |                  |  |
|---|--|------|----------------------------|---------------------|--|-----------------------------------|---------|------------|---|----------|------------------|--|
| ST  | <b>TATEMENT</b>                              | 05   | 54-24-9001                 | OMB N               | o. 1545-0  | 008 FAST!                         | Use     | G~I        |   | at www.i | rs.gov/efile.    |  |
| b Employer identification number                          |  |      |                            |                     | 1 \  | 1 Wages, tips, other compensation |         |            | <ol><li>Federal income tax withheld</li></ol> |          |                  |  |
| 73-0189363  |  |      |                            |                     | 195244.05  |                                   |         |            | 69350.66                                      |          |                  |  |
| c Employer's name, address, and ZIP code                  |  |      |                            |                     | 3 Social security wages  |                                   |         | 4          | 4 Social security tax withheld                |          |                  |  |
| Edwards PLC Group   |  |      |                            |                     | 156771.35  |                                   |         |            | 11993.01                                      |          |                  |  |
| 08314 Rebecca Village                                     |  |      |                            |                     | 5 Medicare wages and tips  |                                   |         |            | 6 Medicare tax withheld                       |          |                  |  |
| North Jeremiah SC 41270-6336                              |  |      |                            |                     | 224942.39  |                                   |         |            | 6523.33                                       |          |                  |  |
|   |  |      |                            |                     | 7 Social security tips   |                                   |         | 8          | 8 Allocated tips                              |          |                  |  |
|   |  |      |                            |                     | 156771.35  |                                   |         |            | 224942.39                                     |          |                  |  |
| <b>d</b> Contro   |  |      |                            |                     | 9 Advance EIC payment  |                                   |         | 10         | 10 Dependent care benefits                    |          |                  |  |
|   | 2263312                                      |      |                            |                     |  |                                   |         |            | 189   |          |                  |  |
| e Employee's first name and initial Last name             |  |      |                            |                     | 11 Nonqualified plans  |                                   |         | 12a        | 12a See instructions for box 12               |          |                  |  |
|   | <b>C L L L L L L L L L L</b>                 | 11   |                            |                     | 188  |                                   |         |            | 6503  |          |                  |  |
| Stacey Thomas 5356 Hector Brook Torreshaven IN 36288-9681 |  |      |                            |                     | 13 Statutory Retirement Third-party sick pay  X Statutory Polar Sick pay  14 Other (see enclosed Notice to Employee) |                                   |         | 12b        |   |          |                  |  |
|   |  |      |                            |                     |  |                                   |         |            | G 592   |          |                  |  |
|   |  |      |                            |                     |  |                                   |         | ree) 12c   |   |          |                  |  |
|   |  |      |                            |                     |  |                                   |         |            |   | 259      |                  |  |
|   |  |      |                            |                     |  |                                   |         | 12d        | 12d   |          |                  |  |
|   |  |      |                            |                     |  |                                   |         |            | н   | 112      |                  |  |
| f Employ  | vee's address and ZIP cod                    | 0    |                            |                     |  |                                   |         |            | -11   | 112      |                  |  |
| 15 State  | Employer's state ID nu                       |      | 16 State wages, tips, etc. | 17 State income tax |  | 18 Local wages, tip               | s, etc. | 19 Local i | ncome ta:                                     | (        | 20 Locality name |  |
| IL  | 462-42                                       | -791 | 104355.02                  | 4636.78             |  | 137719.8                          | 1       | 2071       | 7.37  |          | Blackwell Bridge |  |
| IA  | 837-17                                       | -359 | 106824.43                  | 5773.65             |  | 186607.5                          | 6       | 3227       | 0.27  |          | Hogan Shoals     |  |

Wage and Tax Statement

5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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                      | e's social security number   |                     |                        | This information is being furnis  |     |                            |            |                  |  |  |
|--|--|---------------------|------------------------|---|-----|----------------------------|------------|------------------|--|--|
| STATEMENT 054-24-9001 OME                |  |                     |                        | 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 V                    | Vages, tips, other compensation   |     | 2 Federal                  | income tax | withheld         |  |  |
| 73-0189363                               | 195244.05  |                     |                        | 69350.66  |     |                            |            |                  |  |  |
| c Employer's name, address, and ZIP code | 3 Social security wages  |                     |                        | 4 Social security tax withheld  |     |                            |            |                  |  |  |
| Edwards PLC Group                        | 156771.35  |                     |                        | 11993.01  |     |                            |            |                  |  |  |
| 08314 Rebecca Vil                        | 5 Medicare wages and tips  |                     |                        | 6 Medicare tax withheld   |     |                            |            |                  |  |  |
| North Jeremiah                           | 224942.39  |                     |                        | 6523.33   |     |                            |            |                  |  |  |
| North Jeremian                           | SC 41270-6336  |                     | 7 Social security tips |   |     | 8 Allocated tips           |            |                  |  |  |
|  | 156771.35  |                     |                        | 224942.39   |     |                            |            |                  |  |  |
| d Control number                         |  |                     | 9 Advance EIC payment  |   |     | 10 Dependent care benefits |            |                  |  |  |
| 2263312                                  |  |                     |                        |   |     | 189                        |            |                  |  |  |
| e Employee's first name and initial La   | 11 Nonqualified plans  |                     |                        | 12a See instructions for box 12   |     |                            |            |                  |  |  |
| Character The sure of                    | 188  |                     |                        | 6503  |     |                            |            |                  |  |  |
| Stacey Thomas                            | 13 Statutory Retirement Third-party employee plan sick pay  14 Other (see enclosed Notice to Employee) |                     |                        | 12b   |     |                            |            |                  |  |  |
| 5356 Hector Bro                          |  |                     |                        | G 592   |     |                            |            |                  |  |  |
| Torreshaven I                            |  |                     |                        | 12c   |     |                            |            |                  |  |  |
| TOTTESHAVEH                              |  |                     |                        | 259   |     |                            |            |                  |  |  |
|  |  |                     |                        | 12d   |     |                            |            |                  |  |  |
|  |  |                     |                        |   |     |                            |            |                  |  |  |
|  |  |                     |                        |   |     | H                          | 112        |                  |  |  |
| f Employee's address and ZIP code        | Tra a  | L = 0 · · ·         |                        | Lea i i i i   | 1.0 |                            |            |                  |  |  |
| 15 State Employer's state ID number      | 16 State wages, tips, etc.   | 17 State income tax |                        | 3, 1.,  |     | 9 Local income tax         |            | 20 Locality name |  |  |
| IL 462-42-791                            | 104355.02  | 4636.78             |                        | 137719.81   | 207 | 17.37                      |            | Blackwell Bridge |  |  |
| IA 837-17-359                            | 106824.43  | 5773.65             |                        | 186607.56   | 322 | 70.27                      |            | Hogan Shoals     |  |  |

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

