REISS	SUED	a Employee's socia	•				Safe, Acc	urate,	e D	ı∠H		Visit the	IRS Website
STATE	MENT	11	.6-79-0110	OMB 1	lo. 1545	-0008	FAST! U	se "	G		Ü	at www.i	rs.gov/efile.
b Employer ident	tification number			•	1	1 Wages, tips, other compensation				Federal income tax withheld			
73-9706912						243849.77				54011.05			
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld			
Neal-Mason Group						214749.84				16428.36			
46413 Rogers Corner Suite 257 East Cindy LA 74243-1098					5 Medicare wages and tips					6 Medicare tax withheld			
					242318.47					7027.24			
					7 Social security tips					8 Allocated tips			
						214749.84				242318.47			
d Control number					9	Advance	EIC payment			10 I	Depend	ent care be	enefits
2028	3540											214	
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
				277					4607				
Jennifer Joseph					13 Statutory Retirement Third-party employee plan sick pay					12b			
936 Garner Mission Suite 194						x x				E 611			
North Heather SD 59844-9689					14	14 Other (see enclosed Notice to Employee)				12c			
											P	374	
										12d			
												502	
f Employee's address and ZIP code									Ī				
15 State Emp	oloyer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Lo	cal wages, tips,	etc.	19 L	ocal inco	me tax		20 Locality name
OH	310-12	-049	114337.25	6118.93		254386.73 4		44	4094.08			Robinson Turnpike	
ОН	он 666-70-041 132842.07 7974.63				195753.05 4			41	1835.09			Franklin Estates	

Wage and Tax

Form W-2

This information is being furnished to the Internal Revenue Service.

5070 **Statement** Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--Internal Revenue Service

REISSUED	a Employee's so	cial security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	1	L16-79-0110	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 num	per		•	1 V	Vages, tips, other compensation		2 Federal income tax withheld				
73-9706912					243849.77		54011.05				
c Employer's name, address, and ZIP code					Social security wages	4 Social security tax withheld					
Neal-Mason Group					214749.84			16428.36			
46413 Rogers Corner Suite 257 East Cindy LA 74243-1098					Medicare wages and tips	6 Medicare tax withheld					
					242318.47		7027.24				
					Social security tips	8 Allocated tips					
					214749.84	242318.47					
d Control number					9 Advance EIC payment			10 Dependent care benefits			
2028540								214			
e Employee's first name and i	nitial Last na	me		11 N	lonqualified plans	12a See instructions for box 12					
Jennifer Joseph					277	4607					
					tory Retirement Third-party pyee plan sick pay		12b	İ			
936 Garner Mission Suite 194					X		E	611			
North Heather SD 59844-9689					Other (see enclosed Notice to Employ	12c					
						P	374				
						ŀ	12d				
								502			
f Employee's address and ZIP code						,			1		
15 State Employer's state		16 State wages, tips, etc.	17 State income tax		1		Local income tax		20 Locality name		
ОН 310-	12-049	114337.25	6118.93		254386.73 4		44094.08		Robinson Turnpike		
он 666-	70-041	132842.07	7974.63		195753.05	41	835.09		Franklin Estates		

Cut here. Keep lower portion for your records.

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

