REISSUED a Employe	ee's social security number		Safe, Accurate, Visit the IRS Website						RS Website		
STATEMENT	049-80-5538	OMB No	o. 1545-000	8 FAST! U	se 🔍	52711	le)	at www.ir	s.gov/efile.		
b Employer identification number	b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld				
66-4064746				118242.06				27256.92			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Allen-Baldwin Group				113857.24			8710.08				
826 Frank Cove Suite 077			5 Medicare wages and tips			6	6 Medicare tax withheld				
			141840.89				4113.39				
Port Hollyshire OK 77075-5185				7 Social security tips			8 Allocated tips				
				113857.24			141840.89				
d Control number			9 Advance EIC payment			10					
9674074							143				
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12				
Shannon Brown			143				н 3629				
			13 Statutory Retirement Third-party			12b	1				
9345 Patrick Plaza			employ	ee plan	x sick pay			123			
Reedbury GA 48727-9267			14 Other (see enclosed Notice to Employee)			e) 12c	ĺ				
								921			
						12d	_				
							D	422			
f Employee's address and ZIP code								722			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	, etc.	19 Local in	come tax		20 Locality name		
MO 981-50-662	61374.28	7601.56		139821.79) :	12971	. 68		Thompson Loop		
CT 321-18-673	59538.76	5070.93		103114.14	:	13788	. 63		Heather Courts		

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.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
ST	ATEMENT	04	49-80-5538	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 Wages, tips, other compensation			Federal income tax withheld				
66-4064746					118242.06			27256.92			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Allen-Baldwin Group					113857.24			8710.08			
826 Frank Cove Suite 077				5 Medicare wages and tips			6 Medicare tax withheld				
Port Hollyshire OK 77075-5185				141840.89			4113.39				
				7 Social security tips			8 Allocated tips				
				113857.24			141840.89				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
9674074							143				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
			143			н 3629					
Shannon Brown				13 Stat			12b				
9345 Patrick Plaza				emp	loyee plan sick pay			123			
			14	Other (see enclosed Notice to Employ	(ee)	12c					
Reedbury GA 48727-9267				Carlot (acc cholosed Notice to Employ	,00)	120					
						921					
						12d					
								D	422		
f Employ	yee's address and ZIP coo	de									
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name	
MO	981-50	0-662	61374.28	7601.56		139821.79	12	971.68		Thompson Loop	
СТ	321-18	3-673	59538.76	5070.93		103114.14	13	788.63		Heather Courts	

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

