F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Web					S Website			
S	TATEMENT	31	1-59-2448	OMB N	o. 1545-0	0008 F	ST! Use			at v	www.irs	.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
12-0375324						186354.2				30414.96			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Carter Group Group						150400.09				11505.61			
039 Chambers Drive Suite 965						5 Medicare wages and tips				6 Medicare tax withheld			
					157723.55				4573.98				
New Amberport AZ 94343-6106					7 Social security tips				8 Allocated tips				
						150400.09				157723.55			
d Contro					9 Advance EIC payment			10 Dependent care benefits					
3982381									258				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
					295				D 6758				
	Shirley Harris					13 Statutory Retirement Third-party							
118 Richard Pass Suite 725 New Jameston CA 67849-8003					employee plan sick pay X Other (see enclosed Notice to Employee)				987				
									12c				
									1	H 5	61		
									11 361				
										1	97		
f Emplo 15 State	yee's address and ZIP cod		I 46 Ctataaaa tiaa ata	17 State income tax		140	4:4-	140	ocal incon		1,	00	
	Employer's state ID nu		16 State wages, tips, etc.			18 Local wa		1 -				20 Locality name	
GA	914-21	-694	101106.33	4681.73		18364	J.38	18	802.	53	1	Dakota Radial	
ID	514-42	-557	95517.54	5348.04		14886	9.54	36	891.	53	٥	Jimenez Park	

Wage and Tax

Form W-2 Statement

5010

Cut here. Keep lower portion for your records.

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.

RFIS	SUED	a Employee's soci	al security number			This information is being furnis	hed to t	the Internal Re	evenue Serv	ice. If you are required		
	TATEMENT 311-59-2448 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you this income is taxable and you fail to report it.								e imposed on you if			
b Employer identification number						Wages, tips, other compensation	Tall to It	2 Federal income tax withheld				
12-0375324						186354.2		30414.96				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Carter Group Group					150400.09			11505.61				
039 Chambers Drive Suite 965 New Amberport AZ 94343-6106					5	Medicare wages and tips		6 Medicare tax withheld				
						157723.55		4573.98 8 Allocated tips				
					7	Social security tips						
					150400.09			157723.55				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
3982381								258				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
Shi	Shirley Harris					295 utory Retirement Third-party		D 6758				
118	118 Richard Pass Suite 725				employee plan sick pay			987				
New Jameston CA 67849-8003					14	Other (see enclosed Notice to Employ	ree)	12c				
									561			
							-	12d				
									197			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						140	10.1-	ocal income ta		20 1		
			16 State wages, tips, etc.			10 =000 mages, aps, 000			20 Locality name			
GA	914-21	-694	101106.33	4681.73	183640.38 1		TRE	.8802.53		Dakota Radial		
ID	514-42	-557	95517.54	5348.04		148869.54	368	391.53		Jimenez Park		

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

