REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website				
STATEMENT	62	26-27-8343	OMB	No. 1545-0	0008 <b>FAS</b>	T! Use	5	<b>file</b>	at www.i	irs.gov/efile.	
<b>b</b> Employer identification numb	er			1	Wages, tips, othe	r compensation		2 Federa	al income ta	x withheld	
36-0329573					203529.95			64144.55			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Erickson Ltd Group					157738.92			12067.03			
73277 Garcia Plain					5 Medicare wages and tips			6 Medicare tax withheld			
East Claire WY 28926-0484					176378.38			5114.97			
					7 Social security tips			8 Allocated tips			
					157738	. 92			1763	78.38	
d Control number				9	9 Advance EIC payment			10 Dependent care benefits			
5971210									134		
e Employee's first name and in	ial Last nam	Э		11	Nonqualified plan	s		12a See ir	structions	for box 12	
Brandon Jones				259  13 Statutory Retirement Third-party employee plan sick pay				7928			
								12b	1		
5439 Frank Springs Suite 402					K X	SICK Pay		P	358		
North Je	14	14 Other (see enclosed Notice to Employee)			12c						
North Jerryfurt OH 96836-40							843				
						12d					
								P	124		
f Employee's address and ZIP											
15 State Employer's state II		16 State wages, tips, etc.	17 State income tax		18 Local wage			ocal income ta		20 Locality name	
NY 646-	90-344	108963.79	6990.07		149198	.16	395	560.97		Smith Causeway	
FL 141-	30-820	111308.91	7611.77		263115	. 85	277	786.03		Michael Cove	

Wage and Tax

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.

			27786.03					
			†					
	0.07	149198.16	39560.97	Smith Causeway				
	te income tax	18 Local wages, tips, etc.	19 Local income ta	x 20 Locality name				
f Employee's address and ZIP code			P	124				
				104				
			12d	043				
MOICH DELLYTHIC ON 90030-4	•			843				
North Jerryfurt OH 96836-4	0 14	Other (see enclosed Notice to Employ	/ee) 12c	1				
5439 Frank Springs Suite 402		x x	P	P 358				
Diandon bones		atutory Retirement Third-party nployee plan sick pay	12b	1				
Brandon Jones		259		7928				
e Employee's first name and initial Last name	11	Nonqualified plans	12a See ir	nstructions for box 12				
5971210				134				
d Control number	9	Advance EIC payment	10 Deper					
		157738.92		176378.38				
East Claire WY 28926-0484	7	Social security tips	8 Alloca	8 Allocated tips				
		176378.38		6 Medicare tax withheld 5114.97				
73277 Garcia Plain	5	Medicare wages and tips	6 Medica					
Erickson Ltd Group		157738.92	1206	12067.03				
c Employer's name, address, and ZIP code	3	Social security wages	4 Social	4 Social security tax withheld				
36-0329573		203529.95	6414	64144.55				
b Employer identification number	1	Wages, tips, other compensation						
STATEMENT 626-27-8343	OMB No. 1545	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.						
REISSUED a Employee's social security number		This information is being furnis						

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

