REISSUED a	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website								
STATEMENT	482-75-4612	OMB No	o. 1545-000	8 FAST! Use		-~ III		at www.irs	s.gov/efile	-		
b Employer identification number			1 W	ages, tips, other compen	sation	2	Federal i	income tax	withheld			
63-6442621		208435.55			45882.37							
c Employer's name, address, and ZIP	3 Social security wages			4 Social security tax withheld								
Clark-Roberts Ltd				204769.37			15664.86					
96325 Brown Branch Port Raymond MD 62768-9298				5 Medicare wages and tips			6 Medicare tax withheld					
				212072.07				6150.09				
				7 Social security tips				8 Allocated tips				
	204769.37				212072.07							
d Control number				9 Advance EIC payment 10 Depende				dent care benefits				
5040061					223							
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
	•		144				P 1623					
Robin Adams				13 Statutory Retirement Third-party			12b					
8674 Lisa Green Suite 145				employee plan sick pay			н 765					
South Peter MS 02596-8313				14 Other (see enclosed Notice to Employee)			i					
							н 460					
						12d	12d					
							н	391				
f Employee's address and ZIP code							11	391				
15 State Employer's state ID numb	per 16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, et	c. 1	9 Local inc	come tax		20 Locality	name		
IA 166-13-	608 105874.51	9595.52	270596.72 29976.83			Sims	Hill					
LA 881-99-	948 110125.26	8672.34		201911.81	1.81		. 66		Alexande	er Fork		

Wage and Tax

Form W-2

5070 **Statement**

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.

F	REISSUED	a Employee's socia	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
S	TATEMENT	48	32-75-4612	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number				1		Federal income tax withheld						
63-6442621					208435.55			45882.37				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Clark-Roberts Ltd				204769.37			15664.86					
96325 Brown Branch				5 Medicare wages and tips			6 Medicare tax withheld					
Port Raymond MD 62768-9298					212072.07			6150.09				
					7	8 Allocated tips						
					212072.07							
d Control number				9 Advance EIC payment			10 Dependent care benefits					
5040061									223			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Robin Adams				144			P 1623					
				13 Statutory Retirement Third-party employee plan sick pay					1			
8674 Lisa Green Suite 145				н 765								
South Peter MS 02596-8313				14	12c							
300001 20002 3.50 02000 0010							H	460				
							-	12d				
								Н	391			
	oyee's address and ZIP coo											
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		_ocal inco			20 Localit	y name
IA	166-13	3-608	105874.51	9595.52		270596.72	29	976.	83		Sims	Hill
LA	881-99	9-948	110125.26	8672.34		201911.81	23	003.	66		Alexand	er Fork

Wage and Tax

Statement Form W-2 Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

