REIS	REISSUED a Employee's social security number				Safe, Accurate,					Visit the	IRS Web	site	
STAT	EMENT	30	2-99-1294	OMB N	lo. 1545-0	008 FAS	ST! Use	G	116	at www.i	rs.gov/efil	e.	
b Employer identification number					1 \	1 Wages, tips, other compensation				Federal income tax withheld			
60-4385347						191780.53				49117.93			
c Employer's name, address, and ZIP code					3 3	3 Social security wages				4 Social security tax withheld			
Williams, Stafford and Cooper Group						185200.58				14167.84			
0041 David Stream					5 Medicare wages and tips				6 Medicare tax withheld				
North Alajandrahurah DA 12605-0745					154920.5				4492.69				
North Alejandraburgh PA 12605-0745					7 Social security tips				8 Allocated tips				
						185200.58			154920.5				
d Control num					9 /	9 Advance EIC payment 10 [Dependent care benefits			
	31449								135				
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12				
					111				6975				
Amanda Hunter 0756 Sanchez Flats Suite 775 North Jennamouth DE 58785-5926					13 Statutory Retirement Third-party employee plan sick pay					ì			
									H	139			
					14 (14 Other (see enclosed Notice to Employee)				1			
										870			
					1			12d	12d				
									Н	622			
f Employee's	address and ZIP code	Э								1			
15 State E	mployer's state ID nur	mber	16 State wages, tips, etc.	17 State income tax	•	18 Local wage	es, tips, etc.	19 Local in	come tax	(20 Locali	ty name	
MD	235-26	-245	104211.76	5475.65		247494	.31	30476	.39		Cooke	Center	
KS	429-99	-128	86402.82	7228.01		149382	. 61	34589	.85		Rhodes	Viaduct	

Wage and Tax Statement 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.

F	REISSUED	a Employee's soci	•		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	3	02-99-1294	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Emplo	b Employer identification number					Wages, tips, other compensation			Federal income tax withheld			
60-4385347					191780.53			49117.93				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Williams, Stafford and Cooper Group					185200.58			14167.84				
0041 David Stream					5	Medicare wages and tips	6 Medicare tax withheld 4492.69					
						154920.5						
	North Alejandraburgh PA 12605-0745					Social security tips	8 Allocated tips					
						185200.58	154920.5					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	1031449								135			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Amanda Hunter 0756 Sanchez Flats Suite 775				13 Statu emp	111 Itory Retirement Third-party oyee plan sick pay	6975 H 139						
	0750 Sanchez Flack Suite 775							11 133				
	North Jennamouth DE 58785-5926					14 Other (see enclosed Notice to Employee)			I			
								D	870			
							İ	12d				
									622			
f Employee's address and ZIP code												
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local income tax	20 Locality name			
MD	235-20	6-245	104211.76	5475.65	247494.31		30476.39			Cooke Center		
KS	429-99	9-128	86402.82	7228.01		149382.61		589.85	Rhodes Viaduct			

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

