R	REISSUED a Employee's social security number				Safe, Accurate,				H	Visit the IRS Website					
ST	TATEMENT	74	7-79-08	51	OM	/IB No. 1545-0	8000	FAST! Us	e	1	٤	at www.ii	rs.gov/efile) .	
b Employer identification number						1	1 Wages, tips, other compensation				2 Federal income tax withheld				
22-1177726							243484.28				38997.43				
c Employer's name, address, and ZIP code						3	3 Social security wages				4 Social security tax withheld				
Gould Inc Group						249013.94				19049.57					
81621 Theresa Dale Michaelville MN 22481-5269					5	· ····································				6 Medicare tax withheld					
						292858.55				8492.9					
					7	7 Social security tips				8 Allocated tips					
							249013.94				292858.55				
d Contro	ol number					9	9 Advance EIC payment			10	10 Dependent care benefits				
4836937											195				
e Employee's first name and initial Last name						11	11 Nonqualified plans				12a See instructions for box 12				
		_					181				5857				
Michelle Anderson						13 Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee)									
3330 Thomas Ville North Michealfurt PA 38361-328										X	760				
										14	ĺ				
											E 951				
										12d					
											564				
	yee's address and ZIP cod		1				1						T		
15 State	Employer's state ID nu		16 State wages,	., .,	17 State income			al wages, tips, e		9 Local inco			20 Locality	/ name	
NJ	040-30	-858	117944.	27	11365.7	3	211	458.88	2	6114.	.78		Mullins	Terrace	
NM	270-80	-056	127879.	9	9159.33		225	985.53	3	37374.	94		Hurst	Drive	

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.

REISSU	a Employee's s	This information is being furnished to the Internal Revenue Service. If you are required									
STATEME	:NT	747-79-0851	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 identificat	ion number	1 V	/ages, tips, other compensation		2 Federal income tax withheld						
22-11	77726		243484.28		38997.43						
c Employer's name, a	ddress, and ZIP code	3 Social security wages			4 Social security tax withheld						
Gould Inc Group					249013.94			19049.57			
81621 Theresa Dale Michaelville MN 22481-5269					ledicare wages and tips		6 Medicare tax withheld				
					292858.55		8492.9				
Michae	elville MN	7 8	ocial security tips		8 Allocated tips						
					249013.94		292858.55				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
4836937								195			
e Employee's first na	ne and initial Last n	ame		11 N	onqualified plans		12a See instructions for box 12				
Michelle Anderson 3330 Thomas Ville North Michealfurt PA 38361-328					181		5857				
					ory Retirement Third-party		12b				
					employee plan sick pay			760			
					14 Other (see enclosed Notice to Employee)			12c			
					and (see choiced Notice to Employ	00)					
							E 951				
					12d						
								564			
f Employee's addres											
	's state ID number	16 State wages, tips, etc.	17 State income tax		3 . , , , , , ,		19 Local income tax		20 Locality name		
NJ	040-30-858	117944.27	11365.73	211458.88 26		261	6114.78		Mullins Terrace		
NM :	270-80-056	127879.9	9159.33		225985.53	373	74.94		Hurst Drive		

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

