R	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website						te		
ST	TATEMENT	52	22-86-4190	OMB N	o. 1545-0	0008 FAST!	Use	6	file	at www.i	irs.gov/efile.		
b Emplo	b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld			
27-0313363					91282.31				31479.62				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Hall Ltd Group					97402.36				7451.28				
1860 Cynthia Harbor					5 Medicare wages and tips				6 Medicare tax withheld				
	West Chelsea LA 84582-8152					74832.98				2170.16			
'						7 Social security tips				8 Allocated tips			
					97402.36				74832.98				
d Control number					9 Advance EIC payment			1	10 Dependent care benefits				
	1872892								280				
e Employee's first name and initial Last name					11 Nonqualified plans			1	12a See instructions for box 12				
	Daniel Robinson					233			D 9800				
						13 Statutory Retirement Third-party employee plan sick pay							
8432 Castro Well West Anna NJ 73837-7432					14 Other (see enclosed Notice to Employee)					252			
									2c	i			
West Ama No 75057 7452										387			
										12d			
									P	946			
f Employee's address and ZIP code									2 340				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ļ	18 Local wages, ti	os, etc.	19 Loc	al income t	ax	20 Locality	name	
SD	951-27	-584	43778.91	3516.46		96230.09		164	29.64	<u> </u>	Jeffery	Burgs	
IL	591-87	-209	48925.07	5218.18		104108.4	1	100	50.07	7	Thomas	Drive	

Wage and Tax

Form W-2 Statement

5070

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.

RI	EISSUED	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							
ST	ATEMENT	52	22-86-4190	OMB N	OMB No. 1545-0008 to line a tax return, a negligence penalty of other sanction may be imposed on you in this income is taxable and you fail to report it.							
b Employe	er identification number				Wages, tips, other compensation			Federal income tax withheld				
27-0313363					91282.31			31479.62				
c Employe	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Hall Ltd Group					97402.36			7451.28				
1860 Cynthia Harbor West Chelsea LA 84582-8152					5 N	Medicare wages and tips	6 Medicare tax withheld 2170.16					
						74832.98						
					7 Social security tips			8 Allocated tips				
					97402.36			74832.98				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
1	1872892								280			
e Employe	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Daniel Robinson 8432 Castro Well West Anna NJ 73837-7432					233			D 9800				
					13 Statutory Retirement Third-party employee Individual Statutory Plan Sick pay 14 Other (see enclosed Notice to Employee)			12b				
								12c				
								387				
								12d				
								P 946				
f Employee's address and ZIP code												
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		3.1,1,1,1		Local income tax		20 Locality name		
SD	951-27	7-584	43778.91	3516.46		96230.09	16	5429.64 Jeffery Bur		Jeffery Burgs		
IL	591-87	7-209	48925.07	5218.18		104108.41	10	050.07	,	Thomas 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

