| | 14/ I T . | 1 | | | | | | | | |
|---|--|----------------------------|---------------------|---|--------------------------------------|-----------|---------------------------------|---------------------------------|-------------------|--|
| PA | 103-37-737 | 109487.28 | 7741.85 | | 161025.64 | 30 | 0106.89 | | Obrien Trafficway | |
| DC | 577-71-699 | 108066.16 | 6980.31 | | 184643.29 | 34 | 4004.9 | | Kline Heights | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | | Local income ta | x | 20 Locality name | |
| | yee's address and ZIP code | | | | | | | | | |
| | | | | | | | | 324 | | |
| | | | | | | | 12d | 1 | | |
| | | | | | | | D | 296 | | |
| Stephenside NJ 59974-1532 | | | | THE Care enclosed Notice to Employee) | | | | | | |
| | 759 Jamie Spur | | | | ther (see enclosed Notice to Em | nlovee) | 12c | //6 | | |
| | 750 Tamio Spur | | | emplo | pyee plan sick pa | ay | н | 776 | | |
| | Seth Pierce | | | 13 Statutory Retirement Third-party | | | 12b | | | |
| | | | | | 198 | | | 3250 | | |
| | e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | |
| 2356072 | | | | 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | | 290 | | | |
| d Contro | ol number | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | |
| | | | | | 204903.97 | 205266.66 | | | | |
| | 83193 Sanchez Islands Suite 489 Williammouth VA 47084-0122 | | | | 7 Social security tips | | | 8 Allocated tips | | |
| 1 | | | | | ledicare wages and tips | 6 Medica | 6 Medicare tax withheld 5952.73 | | | |
| | Harris-Alexander Group | | | | 204903.97 5 Medicare wages and tips | | | 15675.15 | | |
| | oyer's name, address, and ZIP code | 3 Social security wages | | | 4 Social security tax withheld | | | | | |
| 40-5536714 | | | | | 209472.7 | | 29981.44 | | | |
| b Employer identification number | | | | 1 V | 1 Wages, tips, other compensation | | | Federal income tax withheld | | |
| S | TATEMENT 1 | 07-91-0558 | OMB N | o. 1545-00 | 08 FAST! Use | | ~file | at www.ii | rs.gov/efile. | |
| F | REISSUED a Employee's social security number | | | | Safe, Accurate, | 100 | Visit the IRS Website | | | |

Wage and Tax

Form W-2 Statement

5010

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.

| REISSUED | This information is being furnished to the Internal Revenue Service. If you are require | | | | | | | | | | |
|---|---|----------------------------|---------------------|---|-----------------------------------|----------------|-------------|---|---------|------------------|--|
| STATEMENT | 10 | 07-91-0558 | OMB N | 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. | | | | | | | |
| b Employer identification number | | | | | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 40-5536714 | | | | 209472.7 | | | 2 | 29981.44 | | | |
| c Employer's name, address, and ZIP code Harris-Alexander Group 83193 Sanchez Islands Suite 489 Williammouth VA 47084-0122 | | | | 3 Social security wages 204903.97 5 Medicare wages and tips 205266.66 | | | 4 | 4 Social security tax withheld 15675.15 6 Medicare tax withheld 5952.73 | | | |
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| Williammot | ith VA 4 | 084-0122 | | 7 5 | Social security tips | | 8 | Allocat | ed tips | | |
| | | | | | 204903.97 | 1 | | | | 66.66 | |
| d Control number | | | | 9 Advance EIC payment | | | 10 | 10 Dependent care benefits | | | |
| 2356072 | | | | | | | | | 290 | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | 12a | 12a See instructions for box 12 | | | |
| Cath Diag | Seth Pierce | | | 198 | | | | 3250 | | | |
| Seth Pier | rce | | | 13 Statu empl | | Third-party | 12b | | 1 | | |
| 759 Jamie | Spur | | | X | plan X | sick pay | | Н | 776 | | |
| Stephensi | de NJ | 59974-1532 | | 14 (| Other (see enclosed No | tice to Employ | ee) 12c | | ĺ | | |
| | | | | | | | | D | 296 | | |
| | | | | | | | 12d | | | | |
| | | | | | | | | | 324 | | |
| f Employee's address and ZIP | code | | | | | | | | | | |
| 15 State Employer's state ID | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips | , etc. | 19 Local in | come tax | x | 20 Locality name | |
| DC 577- | 71-699 | 108066.16 | 6980.31 | | 184643.29 |) | 34004 | . 9 | | Kline Height | |
| PA 103-3 | 37-737 | 109487.28 | 7741.85 | | 161025.64 | | 30106 | 5.89 | | Obrien Trafficwa | |
| | and Tay | | | | 1-1-1-0.0. | | | | | - Decrease Comin | |

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

