REISSUE	REISSUED a Employee's social security number			Safe, Accurate,			e~file	Visit the IRS Website			
STATEME	NT 8	30-83-9302	OMB N	o. 1545-00	008 FAST! Us	e		at www.ii	rs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
52-6898353					54137.42			15873.56			
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld			
Jordan and Sons Group					39490.87			3021.05			
3377 Jane Ranch Suite 492				5 Medicare wages and tips			6 Medicare tax withheld				
				56677.07				1643.64			
South David FL 04211-2483				7 Social security tips			8 Allocat	8 Allocated tips			
					39490.87			56677.07			
d Control number				9 Advance EIC payment			10 Depen	10 Dependent care benefits			
6420230							192				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See in	12a See instructions for box 12			
				245			1635				
James Noble				13 Statutory Retirement Third-party employee plan sick pay			12b	12b			
300 Brandon Well				empi	oyee plan	sick pay	D	518			
Lake Kellyfurt NH 12380-828					14 Other (see enclosed Notice to Employee)			1			
Hake Reflyluic Mii 12300 020							E	513			
							12d				
							D	000			
	. ===						В	908			
f Employee's address and the state of the Employer's address and the state of the s	state ID number	16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips,	etc. 1	19 Local income ta	x	20 Locality name		
	56-08-540	27571.36	1705.55		9		9620.73		Lee Point		
-		·			 						
HI 4	05-80-341	27894.51	1665.96		59321.72	9	9360.0		Melissa Shoal		

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.

REISSUED a Emp	REISSUED a Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are require							
STATEMENT 880-83-9302 OMB			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			
52-6898353				54137.42			15873.56			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Jordan and Sons Group				39490.87			3021.05			
3377 Jane Ranch Suite 492				5 Medicare wages and tips			6 Medicare tax withheld			
South David FL 04211-2483				56677.07			1643.64			
				7 Social security tips			8 Allocated tips			
				39490.87			56677.07			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
6420230							192			
e Employee's first name and initial Last name			11 N	11 Nonqualified plans			12a See instructions for box 12			
				245			1635			
James Noble				tory Retirement	Third-party sick pay	12b	1			
300 Brandon Well				plan X	X SICK Pay	D	518			
Lake Kellyfur	14 (14 Other (see enclosed Notice to Employee)			12c					
Lake Kellyfurt NH 12380-828							513			
							12d			
						D	908			
f Employee's address and ZIP code							700			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	x	18 Local wages, tips, et	tc. 19	9 Local income tax	(20 Locality name		
LA 156-08-540	0 27571.36	1705.55		68648.24	9	620.73		Lee Point		
ні 405-80-343	1 27894.51	1665.96		59321.72	9	360.0		Melissa Shoal		

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

