REISSUED a Employee's social security number			Safe, Accura	Visit the IRS Website				
STATEMENT 424-79	9-1727	OMB No. 1545	-0008 FAST! Use		*file	at www.irs.gov/efile.		
b Employer identification number		1	Wages, tips, other compensa	ation	Federal income tax withheld			
13-3054326			120499.7		40398.5			
c Employer's name, address, and ZIP code			Social security wages		4 Social security tax withheld			
Crawford Group PLC			145884.85		11160.19			
7812 Kim Isle Suite 732			Medicare wages and tips		6 Medicare tax withheld			
Non Charmland VV 75050 4006			88203.43		2557.9			
New Shawnland KY 75852-4096			Social security tips		8 Allocated tips			
			145884.85		88203.43			
d Control number			Advance EIC payment		10 Dependent care benefits			
8240717					194			
e Employee's first name and initial Last name			Nonqualified plans		12a See instructions for box 12			
Thomas Flores			202		G 4801			
				Third-party	12b			
148 Reeves Tunnel			nployee plan s	X x	E	566		
New Stevehaven NH 27500-9599			Other (see enclosed Notice t	o Employee)	12c			
					D	543		
						12d		
					D	929		
f Employee's address and ZIP code						929		
	e wages, tips, etc. 17 Sta	ite income tax	18 Local wages, tips, etc.	19	Local income tax	20 Locality name		
AK 742-34-716 572	73.85 198	9.95	121541.1	13	3078.42	Monica Mountains		
OK 026-43-762 637	15.39 210	9.9	116392.34	15	341.16	Deanna Street		

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.

RE	EISSUED	a Employee's socia	I security number		This information is being furnished to the Internal Revenue Service. If you are required						
ST/	ATEMENT	42	4-79-1727	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 Employe	er identification number	ı		,	Wages, tips, other compensation			2 Federal income tax withheld			
13-3054326				120499.7			40398.5				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Crawford Group PLC				145884.85			11160.19				
7812 Kim Isle Suite 732				5 Medicare wages and tips			6 Medicare tax withheld				
				88203.43			2557.9				
New Shawnland KY 75852-4096			7 Social security tips			8 Allocated tips					
				145884.85			88203.43				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
8240717						194					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Thomas Flores			202			G 4801					
			13 Statu emple			12b	1				
148 Reeves Tunnel			X	pyee plan sick pay		E	566				
New Stevehaven NH 27500-9599				14 Other (see enclosed Notice to Employee)			12c				
2,000 300			D				543				
			12d								
							ъ.	020			
			D 929								
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax			18 Local wages, tips, etc. 19			9 Local income tax 20 Locality name					
AK	742-34		57273.85	1989.95		121541.1		78.42		,	
AIL	142-34	F - 1 T O	31213.00	1303.33		121341.1	130	10.42		Monica Mountains	
OK	026-43	3-762	63715.39	2109.9		116392.34	153	41.16		Deanna Street	

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

