REISSUED a Employee's social security nu	mber		Safe, Accurate,		Visit the IRS Website			
STATEMENT 452-77-	1320 OMB	No. 1545-0008	FAST! Use	rse ville	at www.irs.gov/efile.			
b Employer identification number			ips, other compensation	2 Federa	2 Federal income tax withheld			
88-2158515			23.58	1197	11973.92			
c Employer's name, address, and ZIP code		3 Social se	curity wages	4 Social	4 Social security tax withheld			
Shields PLC Group			194.19	7894	7894.36			
20600 Matthew Parkway Suite 643			wages and tips	6 Medica				
-			31.05		2088.9			
New Raymondborough AZ 4		curity tips	8 Allocat	8 Allocated tips				
			194.19		72031.05			
d Control number			EIC payment	10 Depen	10 Dependent care benefits			
2483231					118			
e Employee's first name and initial Last name			fied plans	12a See in	12a See instructions for box 12			
Christopher Harris			;		6915			
			Retirement Third-party	y 12b	1			
8695 Farmer Valley			plan sick pay		579			
Lake Katrinatown ND 70407-8780			ee enclosed Notice to Emplo	oyee) 12c	i			
					877			
				12d	12d			
					137			
f Employee's address and ZIP code					137			
	ages, tips, etc. 17 State income tax	x 18 Lo	cal wages, tips, etc.	19 Local income ta	x 20 Locality name			
OR 559-12-514 37814	.18 2721.13	947	43.37	15086.72	Hood Cove			
WI 144-73-375 41856	.63 3336.62	594	19.31	12896.58	Karen Prairie			

Wage and Tax

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.

RI	EISSUED	a Employee's socia	al security number		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	45	52-77-1320	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			Wages, tips, other compensation			2 Federal income tax withheld					
88-2158515				83823.58			11973.92				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Shields PLC Group				103194.19			7894.36				
20600 Matthew Parkway Suite 643				5 Medicare wages and tips 72031.05			6 Medicare tax withheld 2088.9				
_											
New Raymondborough AZ 47731-9946				7 Social security tips			8 Allocated tips				
				103194.19			72031.05				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
2483231							118				
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for			for box 12					
Christopher Harris			255			6915					
			13 Statu			12b					
8695 Farmer Valley			employee plan sick pay			579					
Lake Katrinatown ND 70407-8780			14 (Other (see enclosed Notice to Employ	yee)	12c					
Hake Raciinatown ND 70407-8780					877						
						12d					
							137				
	ee's address and ZIP coo		I to our and a	17 State income tax		Tank is in the	1				
15 State	Employer's state ID no		16 State wages, tips, etc.					19 Local income tax		20 Locality	
OR	559-12	2-514	37814.18	2721.13		94743.37 1		15086.72		Hood	Cove
wi	144-73	3-375	41856.63	3336.62		59419.31	12	896.58		Karen P	rairie

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

