REISSU	EISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website			
STATEM	ENT	41	.1-06-8776	OMB N	o. 1545-(0008 FAS	T! Use	G	ile)	at www.i	rs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation				Federal income tax withheld			
91-8273116					114107.9				32918.35			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
James-Proctor Group					140049.4				10713.78			
38660 Andrew Station					5 Medicare wages and tips				6 Medicare tax withheld			
Watkinsfurt NH 86564-2369					101682.35				2948.79			
					7 Social security tips				8 Allocated tips			
					140049.4				101682.35			
d Control number					9	Advance EIC pay	ment	10	Depen	dent care be	enefits	
126608									233			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
T	- Dah	hi			275				P 7069			
Laura Robbins					13 Statutory Retirement Third-party employee plan sick pay					1		
265 Dawn Lodge Apt. 770									E 437			
Hobbsberg MS 27998-7987					14 Other (see enclosed Notice to Employee)					1		
nobbbelg Mb 27550 7507								P	778			
							12d	12d				
									P	865		
f Employee's addre	ss and ZIP code	9								1000		
	er's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wage	s, tips, etc.	19 Local in	ncome tax	(20 Locality name	
NM	967-51	-788	59456.15	2757.62		80108.6		13934	13934.1		Valerie Road	
GA	661-38	-199	60441.29	4076.96		94117.	72	22283	3.67		Taylor Views	

Wage and Tax

Form W-2 Statement

5010

Cut here. Keep lower portion for your records.

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	4:	L1-06-8776	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 Emplo	b Employer identification number					Wages, tips, other compensation				Federal income tax withheld			
	91-8273116					114107.9			32918.35				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
James-Proctor Group					140049.4				10713.78				
38660 Andrew Station					5 Medicare wages and tips				6 Medicare tax withheld				
				101682.35				2948.79					
Watkinsfurt NH 86564-2369					7 Social security tips				8 Allocated tips				
						140049.4				101682.35			
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	126608								233				
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
	Laura Robbins				275 13 Statutory Retirement Third-party				P 7069				
					employee plan sick pay				12b	1			
	265 Dawn Lodge Apt. 770								E	437			
	Hobbsberg MS 27998-7987					14 Other (see enclosed Notice to Employee)				1			
										778			
								-	12d				
									P	865			
. F									<u> </u>	865			
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, et	C.	19 Lo	cal income ta:	(20 Locality name		
NM	967-51	L-788	59456.15	2757.62		80108.6		139	34.1	Valerie Road			
											+		
GA	661-38	3-199	60441.29	4076.96		94117.72 22		222	83.67	Taylor Views			

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

