R	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website)	
ST	FATEMENT	21	.2-16-3404	OMB N	o. 1545-	0008 FA	ST! Use	G-	file .	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
'	76-2248277					240979.53				41653.81			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Griffin Group Group						266318.95				20373.4			
406 Powers Land Suite 550					5 Medicare wages and tips				6 Medicare tax withheld				
				278074.77				8064.17					
Jordanstad CA 58509-6644					7 Social security tips				8 Allocated tips				
					266318.95				278074.77				
d Control number					9 Advance EIC payment 10 Dependent care be				enefits				
39518										124			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
Mary Mclaughlin					219				н 7468				
					13 Statutory Retirement Third-party				12b				
6243 Perry Vista Josephhaven WA 31984-1775						ployee plan	sick pay			771	71		
						14 Other (see enclosed Notice to Employee)				1			
									P	984			
									12d				
									D	798			
	yee's address and ZIP cod									•			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wag	es, tips, etc.	19 Lo	cal income t	ax	20 Locality na	ame	
KS	788-36	-139	114924.61	11333.65		178070	.72	310	76.93	} 	Brown T	rack	
VA	821-45	-497	108780.94	10156.84		201718	52	428	92.39)	Cannon	₽all	
٧A	321-43	331	100700.94	10130.04		201/10	. 52	720	92.33	*	Camillon	rall	

Wage and Tax

5070 **Statement** Form W-2

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.

RI	EISSUED	a Employee's socia	-		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	STATEMENT 212-16-3404 OMB N					No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number					Wages, tips, other compensation			2 Federal income tax withheld					
76-2248277						240979.53			41653.81				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Griffin Group Group						266318.95			20373.4				
406 Powers Land Suite 550					5	Medicare wages and tips	6 Medicare tax withheld						
						278074.77	8064.17						
Jordanstad CA 58509-6644					7	Social security tips	8 Allocated tips						
						266318.95			278074.77				
d Control number						9 Advance EIC payment			10 Dependent care benefits				
39518									124				
e Employe	ee's first name and initial	11 Nonqualified plans			12a See instructions for box 12								
Mary Mclaughlin 6243 Perry Vista						219	н 7468						
						atutory Retirement Third-party		12b					
						employee plan sick pay			771				
Josephhaven WA 31984-1775					14	Other (see enclosed Notice to Employ	12c						
GEOGE EVIC				!			P	984					
								12d	i				
								D	798				
	ee's address and ZIP co												
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax	:	20 Locality	/ name		
KS	788-36	5-139	114924.61	11333.65		178070.72	31	076.93		Brown	Track		
VA	821-45	5-497	108780.94	10156.84		201718.52	42	892.39		Cannor	Fall		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

