F	REISSUED a Employee's social security number					Safe, Accurate, Visit the IRS Website						te	
S	TATEMENT	50	1-29-0970	ON	MB No. 1545-00	08 FAST! U	Jse	G ^		9	at www.i	rs.gov/efile.	
b Employer identification number					1 V	1 Wages, tips, other compensation			Federal income tax withheld				
67-5050958						230322.43			50032.56				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Castro-Russell Group						250434.19				19158.22			
4963 Anderson Brooks						5 Medicare wages and tips				6 Medicare tax withheld			
Normanfurt AK 81445-6910						196342.23				5693.92			
	NOTHALITUE	WV OT44	2-0910		7 8	7 Social security tips				8 Allocated tips			
						250434.19				196342.23			
	ol number				9 A	9 Advance EIC payment			10 Dependent care benefits				
4945083										273			
e Emplo	yee's first name and initial	Last name			11 N	11 Nonqualified plans			12a See instructions for box 12				
Veronica Young						142			G 8178				
						13 Statutory Retirement Third-party							
179 Rodriguez Park					X	employee plan sick pay				P	967		
East Adambury CA 60932-6743					14 (other (see enclosed N	otice to Employe	ee)	12c		1		
										н	336		
									12d		I		
										G	178		
	yee's address and ZIP cod	е											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income	tax	18 Local wages, tips	s, etc.	19 Lo	ocal inco	me tax		20 Locality	name
KS	805-48	-248	108992.9	5625.84		277604.5	1	344	197 .	. 8		Adrian	Pines
ND	167-75	-617	123734.59	5639.95		249296.0	7	310	015.	82		Andrews	Tunnel
Wage and Tax						Department of the TreasuryInternal Revenue Service							
Form W-2 Statement													

Wage and Tax **Statement**

Form W-2 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	5	01-29-0970	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					1 '	Vages, tips, other compensation	Federal income tax withheld					
67-5050958					230322.43			50032.56				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Castro-Russell Group					250434.19			19158.22				
4963 Anderson Brooks Normanfurt AK 81445-6910					5 1	Medicare wages and tips	6 Medicare tax withheld					
						196342.23	5693.92					
					7	Social security tips	8 Allocated tips					
						250434.19	196342.23					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	4945083								273			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
					142			G 8178				
	Veronica Young					tory Retirement Third-party	12b					
179 Rodriguez Park East Adambury CA 60932-6743					x Sick pay 14 Other (see enclosed Notice to Employee)			P	967			
								120				
								120				
								H	336			
								12d	ı			
						!			178			
f Emplo	yee's address and ZIP cod	de										
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 1	Local income	ax	20 Locality name		
KS	805-48	3-248	108992.9	5625.84		277604.54	34	497.8		Adrian Pines		
ND	167-75	5-617	123734.59	5639.95		249296.07	31	.015.82	2	Andrews Tunnel		

Cut here. Keep lower portion for your records.

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

