REISSUED	REISSUED a Employee's social security number							it the IRS Website	
STATEMENT	763-12-7488	OMB No	o. 1545-000	8 FAST! Use			at v	www.irs.gov/efile.	
b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld			
81-8721871			54329.05			19089.65			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Bailey Group Group			64334.5			4921.59			
5528 George Meadows Apt. 390			5 Medicare wages and tips			6 Medicare tax withheld			
Laurachester IL 52365-1208			40409.02			1171.86			
			7 Social security tips			8 Allocated tips			
			64334.5			40409.02			
d Control number			9 Ad	vance EIC payment		10	•	care benefits	
7578119						259			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Christopher Butler			256			н 4441			
			13 Statutory Retirement Third-party employee plan sick pay			12b	İ		
8905 Gloria Route Suite 271			x				D 888		
Port Valerie WI 24659-8620			14 Other (see enclosed Notice to Employee)			12c	1		
							G 88	889	
						12d			
							E 48	87	
f Employee's address and ZIP coo	de						ı		
15 State Employer's state ID nu	ımber 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	tc. 19	Local inco	me tax	20 Locality name	
WY 139-58	3-222 24675.28	2234.88		65424.08	10	0113.	61	Robert Ridge	
NH 551-57	7-389 24789.09	2218.25		53948.7	9:	104.1	_	Jamie Summit	

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.

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	7	63-12-7488	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				1 V	Vages, tips, other compensation		2 Federal income tax withheld			
81-8721871				54329.05			19089.65				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Bailey Group Group				64334.5			4921.59				
5528 George Meadows Apt. 390 Laurachester IL 52365-1208				5 Medicare wages and tips			6 Medicare tax withheld				
				40409.02			1171.86				
				7 Social security tips			8 Allocated tips				
				64334.5			40409.02				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
7578119							259				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Christopher Butler			256 13 Statutory Retirement Third-party			H 4441					
8905 Gloria Route Suite 271			employee plan sick pay			D 888					
Port Valerie WI 24659-8620			14 Other (see enclosed Notice to Employee)			2c	Ī				
						G 889					
							1	2d	, ,		
							E	E 487			
	yee's address and ZIP coo		T	T.= 2		1				T	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		al income tax		20 Locality name	
WY	139-58	3-222	24675.28	2234.88		65424.08 1		10113.61		Robert Ridge	
NH	551-57	7-389	24789.09	2218.25		53948.7		4.1	Jamie Summit		

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

