INEIOOOED . ,	cial security number			Safe, Accurate,	e D		Visit the	IRS Website	
STATEMENT 5	49-58-1281	OMB N	o. 1545-00	DOS FAST! Use	G	file	at www.ii	rs.gov/efile.	
b Employer identification number			1 \	Vages, tips, other compensation		2 Federal	income tax	withheld	
11-2194165				138666.36			30805.5		
c Employer's name, address, and ZIP code			3 5	Social security wages		4 Social s	ecurity tax	withheld	
Boone Group Group			136027.89			10406.13			
301 Morgan Ville			5 Medicare wages and tips			6 Medicare tax withheld			
Toddfurt MS 96299-6419			144457.25			4189.26			
			7 Social security tips			8 Allocated tips			
				136027.89			1444	57.25	
d Control number			9 /	Advance EIC payment	1	10 Depend	lent care be	enefits	
84389							109		
e Employee's first name and initial Last name	me		11 1	Nonqualified plans	•	12a See ins	structions f	or box 12	
_ ,			116			8511			
Sarah Smith			13 Statu	itory Retirement Third-party oyee plan sick pay	,	12b	i		
7507 Ross Rue			empi	X X X		D	173		
Hooperburgh MI	38545-7130		14 (Other (see enclosed Notice to Employ	ree) '	12c			
Hooperburgh Mr 30343-7130							897		
					-	12d	057		
						_	467		
					_	G	467		
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, etc.	10 1 00	cal income tax		20 Locality name	
OH 416-43-006	63480.56	4946.81		149414.85		20.16		,	
On 416-43-006	03400.30	4940.01		147414.00	204	20.10		Williams Tunnel	
NV 699-82-479	63091.97	3489.09		104027.93		19990.51		Juan Brook	

Wage and Tax

Statement Form W-2

5070

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.

REISSUED	a Employee's soc	cial security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	5	49-58-1281	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				
11-2194165			138666.36			30805.5				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Boone Group				136027.89			10406.13			
301 Morgan Ville			5 Medicare wages and tips			6 Medicare tax withheld				
Toddfurt MS 96299-6419			144457.25			4189.26				
			7 Social security tips			8 Allocated tips				
				136027.89			144457.25			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
84389								109		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Sarah Smith			116			8511				
			13 State	ttory Retirement Third-party oyee plan sick pay		12b				
7507 Ross Rue			Ginp	x x		D	173			
Hooperburgh MI 38545-7130			14 Other (see enclosed Notice to Employee)			12c				
						897				
						12d				
						G 467				
f Employee's address and ZIP of			-		<u>_</u>	[
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name	
OH 416-4	3-006	63480.56	4946.81		149414.85 20		0420.16		Williams Tunnel	
NV 699-8	2-479	63091.97	3489.09		104027.93		19990.51		Juan Brook	

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

