REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website					
STATEMENT 395-45-3047	OMB No. 1545-0	DOS FAST! Use	at www.irs.gov/efile.			
b Employer identification number	1 \	Wages, tips, other compensation	Federal income tax withheld			
58-1516542		237166.92	31979.29			
c Employer's name, address, and ZIP code	3 5	Social security wages	4 Social security tax withheld			
Jefferson Group Group		262874.68	20109.91			
4535 Mark Street	5 !	Medicare wages and tips	6 Medicare tax withheld			
Jennifertown NV 80786-0138		238351.12	6912.18			
Demillercown NV 80786-0138	7 5	Social security tips	8 Allocated tips			
		262874.68	238351.12			
d Control number	9 /	Advance EIC payment	10 Dependent care benefits			
2480736			292			
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions for box 12			
		106	D 8596			
Anna Price	13 State	itory Retirement Third-party oyee plan sick pay	12b			
59816 Sims Cliffs	Cinp	Jian Jian Jian Jian Jian Jian Jian Jian	D 958			
Jacobsport CO 33884-9761	14	Other (see enclosed Notice to Emplo	yee) 12c			
			D 590			
			12d			
			D 262			
f Employee's address and ZIP code						
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	e income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name			
RI 227-03-729 111947.63 6173	1.78	171807.81	29926.22 Cabrera Terrace			
AK 001-54-455 118287.23 5596	6.89	236092.5	27237.48 Gloria Mount			

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.

REISSUE	D a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
STATEME	NT 3	95-45-3047	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	n number		u u	1 Wages, tips, other compensation			2 Federal income tax withheld					
58-1516542			237166.92			31979.29						
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld						
Jefferson Group Group			262874.68			20109.91						
4535 Mark Street			5 Medicare wages and tips			6 Medicare tax withheld						
Jennifertown NV 80786-0138			238351.12			6912.18						
			7 Social security tips			8 Allocated tips						
			262874.68			238351.12						
d Control number				9 A	dvance EIC payment		10 Depend	dent care be	enefits			
248073	6							292				
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12							
Anna Price			106			D 8596						
			13 Statutory Retirement Third-party			12b						
59816 Sims Cliffs			employee plan sick pay D 958									
Jacobsport CO 33884-9761			14 Other (see enclosed Notice to Employee)			12c						
						D	590					
						ŀ	12d	390				
							124	1				
							D	262				
f Employee's address												
	state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	_	ocal income tax	(20 Locality name			
RI 2	27-03-729	111947.63	6171.78		171807.81	29	926.22		Cabrera Terrace			
AK 0	01-54-455	118287.23	5596.89		236092.5	27	237.48		Gloria Mount			

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

