REISSUED a Employee's social security number			Safe, Accurate,	TRS:	A Silo	Visit the IRS Website			
STATEMENT 828-11-6538	OMB N	o. 1545-0008	FAST! Use		≁file >	at www.irs.gov/efile.			
b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld			
84-4367198			187619.16			66686.15			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Clark Ltd Group			194604.49			14887.24			
17639 Tracey Underpass Suite 193			5 Medicare wages and tips			6 Medicare tax withheld			
West Matthewberg FL 42546-7137			236427.62			6856.4			
west Matthewberg FL 42546-7157			7 Social security tips			8 Allocated tips			
			4604.49			236427.62			
d Control number		9 Advan	ce EIC payment		10 Depend	dent care benefits			
8056767						187			
e Employee's first name and initial Last name		11 Nonqu	alified plans		12a See ins	structions for box 12			
Kyle Munoz			153			н 2822			
			13 Statutory Retirement Third-party employee plan sick pay						
32247 Lisa Curve Suite 086			X Sick		н	982			
Michaelport HI 77800-4418			see enclosed Notice to E	mployee)	12c				
Michaelpoit Hi //600-4416						654			
						12d			
					D	568			
f Employee's address and ZIP code						300			
15 State Employer's state ID number 16 State wages, tips	s, etc. 17 State income tax	18	Local wages, tips, etc.	19	Local income tax	20 Locality name			
MT 209-25-981 89366.9	10420.7	15	8021.27	31	438.67	Mueller Prairie			
MO 449-05-963 85715.07	12184.16	14	9796.32	21	496.14	Le Green			

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.

F	REISSUED	a Employee's socia	I security number			This information is being furnis	hed to	the Internal R	evenue Serv	ice. If you are required		
	TATEMENT	82	28-11-6538	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>b</b> Emplo	b Employer identification number			Wages, tips, other compensation			2 Federal income tax withheld					
84-4367198			187619.16			66686.15						
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld						
Clark Ltd Group			194604.49			14887.24						
17639 Tracey Underpass Suite 193			5 Medicare wages and tips			6 Medicare tax withheld						
			236427.62			6856.4						
West Matthewberg FL 42546-7137			7 Social security tips			8 Allocated tips						
			194604.49			236427.62						
d Control number			9 Advance EIC payment			10 Dependent care benefits						
8056767						187						
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Kyle Munoz			153			н 2822						
			13 Statutory Retirement Third-party			12b						
32247 Lisa Curve Suite 086			emple	pyee plan sick pay		н	982					
J2247 HISA Curve Surte 000					,		902					
Michaelport HI 77800-4418			14 Other (see enclosed Notice to Employee)			12c	1					
						654						
						12d	ı					
							D	D 568				
f Employee's address and ZIP code							•					
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local income tax		20 Locality name		
MT	209-25	5-981	89366.9	10420.7		158021.27	31	438.67	! 	Mueller Prairie		
	440.05	. 0.60	05715 07	10104 16		140706 20	0.1	406 14				
MO	449-05	-963	85715.07	12184.16		149796.32	21	.496.14	ł	Le Green		

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

