R	REISSUED	a Employee's socia	l security number			Saf	e, Accurate,	se	H	Visit the	IRS Website		
ST	<b>TATEMENT</b>	40	3-96-9955	OMB N	o. 1545-0	0008 FAS	ST! Use	6	III	at www.i	rs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
62-9225995					223235.71				69131.23				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Adams-Medina Group					197878.51				15137.71				
940 Kara Ramp Suite 244 West Brian NE 46163-2234					5 Medicare wages and tips				6 Medicare tax withheld				
					257741.83				7474.51				
'	west brian	NE 40	103-2234		7 Social security tips				8 Allocated tips				
					197878.51				257741.83				
d Control number					9 Advance EIC payment			10	10 Dependent care benefits				
9637688									234				
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12				
Tina Phillips 63753 Giles Lane Roseburgh ND 94257-8266					238				G 4142				
					13 Statutory Retirement Third-party sick pay  X Statutory Plan Sick pay  14 Other (see enclosed Notice to Employee)				b	·			
									E	279			
									C	·			
										676			
								12	d	1			
									P	501			
f Employ	yee's address and ZIP cod	е								1			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wag	es, tips, etc.	19 Local	income ta	х	20 Locality name		
MI	240-98	-317	110185.3	9590.89		189801	. 48	2298	8.94		Donna Lock		
FL	660-14	-744	122270.87	11339.24		257444	.55	2512	2.25		Timothy Cam		

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 soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required						
	TATEMENT	4	03-96-9955	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			
62-9225995					223235.71			69131.23			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Adams-Medina Group					197878.51			15137.71			
940 Kara Ramp Suite 244 West Brian NE 46163-2234					5	Medicare wages and tips	6 Medicare tax withheld				
						257741.83	7474.51				
					7	Social security tips	8 Allocated tips				
					197878.51			257741.83			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
	9637688								234		
e Emplo	yee's first name and initial	Last nam	ne		11 Nonqualified plans			12a See instructions for box 12			
					238			G 4142			
	Tina Phillips					13 Statutory Retirement Third-party			l l		
63753 Giles Lane Roseburgh ND 94257-8266					employee plan sick pay			F	279		
									2/9		
					14 Other (see enclosed Notice to Employee)			12c	ı		
								676			
							Ī	12d	i		
								P	P 501		
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 L	9 Local income tax		20 Locality name	
MI	240-98	3-317	110185.3	9590.89	189801.48		22	2988.94 Do		Donna Locks	
FL	660-14	l-744	122270.87	11339.24		257444.55	25	122.2	25	Timothy Camp	

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

