REISSUED	a Employee's socia	•				Safe, Acc	urate,	· •	-2GHI		Visit the	IRS Website
STATEMENT	36	33-34-6907	OMB	No. 1545	-0008	FAST! Us	e	<u></u>			at www.ii	rs.gov/efile.
<b>b</b> Employer identification number				1	1 Wages, tips, other compensation				Federal income tax withheld			
88-9746954					80347.51				9922.01			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Holloway-Martin LLC					102138.38				7813.59			
2979 Roberts Ways Apt. 192				5	- ····arana magarama mpa				6 Medicare tax withheld			
— — — — — — — — — — — — — — — — — — —					72688.12				2107.96			
Frazierburgh NV 05682-0996				7	1 222 222				8 Allocated tips			
					102138.38				72688.12			
d Control number					9 Advance EIC payment 10 Dependent care benef				enefits			
6568009											260	
e Employee's first name and initial Last name				11	11 Nonqualified plans				12a See instructions for box 12			
					215				P 3507			
Brian Frye					13 Statutory Retirement Third-party employee plan sick pay				12b	i		
7282 Marilyn Summit Suite 615					прюуее	X plan	X				357	
Raymondborough DC 26329-9355					14 Other (see enclosed Notice to Employee)				12c			
										н	764	
									12d			
											166	
f Employee's address and ZIP code								-			100	
15 State Employer's state ID		16 State wages, tips, etc.	17 State income ta:	(	18 Lo	cal wages, tips,	etc.	19 L	ocal incor	me tax		20 Locality name
IA 168-5	3-137	39061.02	3999.16		58514.39 1		10	.0462.54			Catherine Ridge	
DE 602-1	602-11-148 38042.31 5051.19			77622.75 1		12	L2163.9			Jared Fords		

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement

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.

R	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
ST	ATEMENT	36	63-34-6907	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					1 \	Vages, tips, other compensation		2 Federal income tax withheld			
88-9746954						80347.51		9922.01			
c Employer's name, address, and ZIP code					3 3	Social security wages		4 Social security tax withheld			
Holloway-Martin LLC					102138.38		7813.59				
2979 Roberts Ways Apt. 192 Frazierburgh NV 05682-0996					5 1	Medicare wages and tips		6 Medicare tax withheld			
						72688.12		2107.96			
					7 5	Social security tips		8 Allocated tips			
						102138.38		72688.12			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
6	6568009							260			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Brian Frye					215 13 Statutory Retirement Third-party			P 3507			
7282 Marilyn Summit Suite 615				employee plan sick pay				357			
1	Raymondborough DC 26329-9355					Other (see enclosed Notice to Employe	ee)	12c			
1.01.01.000000000								н	764		
								166			
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					18 Local wages, tips, etc.	10 1	ocal income tax		20 Locality name		
IA			3	3999.16					•		
IA	168-53	2-13/	39061.02	3999.16		56514.39		.0462.54		Catherine Ridge	
DE	602-11	L-148	38042.31	5051.19		77622.75		163.9	Jared Fords		

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

