F	REISSUED	a Employee's socia	•				Safe, Accur	ate,				Visit the	IRS Websit	te
S	TATEMENT	78	86-85-9402	OMB N	o. 1545-	8000	FAST! Use		<u></u>		e	at www.i	rs.gov/efile.	
b Employer identification number				1	Wages, t	ips, other compen	sation		2 Federal income tax withheld					
63-7572971					59490.41					10192.02				
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld				
Gray LLC LLC					53866.81					4120.81				
608 Nicholas Via Apt. 317				5 Medicare wages and tips					6 Medicare tax withheld					
North Andrea LA 41441-8643					57647.05					1671.76				
North Andrea LA 41441-8643				7 Social security tips				8 Allocated tips						
					53866.81					57647.05				
d Contro	ol number				9 Advance EIC payment 10 Dependent care benefits					enefits				
745822								173						
e Employee's first name and initial Last name				11 Nonqualified plans					12a See instructions for box 12					
Kimberly Cross					131					6832				
239 Montgomery Cape					13 Statutory Retirement Third-party employee plan sick pay					12b	ı	Ī		
										719				
West Carolyn SC 67129-5084						14 Other (see enclosed Notice to Employee)				12c				
										G	821			
									f	12d				
											E	320		
f Emplo	ovee's address and ZIP cod	е							F					
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Lo	18 Local wages, tips, etc.		19 L	9 Local income tax			20 Locality	name
SD	201-23	-337	30421.35	1985.26	66586.47		86.47		10	.0732.11			Smith	Way
WV	683-70	-478	27384.37	2783.55	44504.63			7788.61			Turner C	rescent		

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.

REISSUED	a Employee's soci	al security number								ice. If you are required			
				B 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					Vages, tips, other comp	ensation	2	2 Federal income tax withheld					
63-7572971					59490.41			10192.02					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld					
Gray LLC LLC					53866.81				4120.81				
608 Nicholas Via Apt. 317					5 Medicare wages and tips				6 Medicare tax withheld				
_					57647.05				1671.76				
North Andrea LA 41441-8643					7 Social security tips			8 Allocated tips					
					53866.81				57647.05				
d Control number					9 Advance EIC payment			10 Dependent care benefits					
745822								173					
e Employee's first name and in	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					131				6832				
Kimberly Cross 239 Montgomery Cape					13 Statutory Retirement Third-party 12b								
					employee plan sick pay								
West Car	14 (	14 Other (see enclosed Notice to Employee)				12c							
West Carolyn SC 67129-5084									821				
					12d								
	!				E	320							
f Employee's address and ZIP code									0_0				
15 State Employer's state II		16 State wages, tips, etc.	17 State income tax	κ	18 Local wages, tips,	etc. 1	19 Local in	come tax	x	20 Locality name			
SD 201-	23-337	30421.35	1985.26		66586.47		10732.11			Smith Way			
			<u> </u>							† <del>-</del>			
WV 683-	683-70-478 27384.37 2783.55			44504.63		-	7788.61			Turner Crescent			

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

