REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website								te			
STATEMENT	75	8-81-1003	OMB N	o. 1545-(	0008 <b>F</b> A	ST! Use		7 111	ظ	at www.i	rs.gov/efile.				
<b>b</b> Employer identification number				1	Wages, tips, otl	ner compensatio	n	2 Federal income tax withheld							
99-6688978					10430		24328.21								
c Employer's name, address, and ZIP code					Social security	4 Social security tax withheld									
Wolf Inc LLC					100988	7725.64									
146 Mullins Locks				5	6 Medicare tax withheld										
					105640.58					3063.58					
Thomasview AL 50169-3351				7	Social security	8 Allocated tips									
					100988.72					105640.58					
d Control number					Advance EIC pa	ayment		10	Depend	ent care be	enefits				
2912827						254									
e Employee's first name and initial Last name				11	12a See instructions for box 12										
				215					3148						
Laura Turner				13 Sta			-party	12b							
5905 Joseph Plains					ployee plar				E	469					
South Samantha NV 90009-6326					Other (see encl	osed Notice to E	mployee)	12c	1						
									D	769					
								12d							
										616					
f Employee's address and ZIP code										010					
15 State Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wa	ges, tips, etc.	19	Local inc	ome tax		20 Locality	name			
WV 791-62	2-808	53780.34	3249.16		10011	6.84	13	3138	.07		Mendez	Loaf			
			<u> </u>								T				
LA 386-75	5-116	53534.61	4953.31		108312	2.44	15	5590	. 27		Griffin Th	roughway			

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	al security number		This information is being furnished to the Internal Revenue Service. If you are required											
S	TATEMENT	75	58-81-1003	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> Employer identification number					1 Wages, tips, other compensation						2 Federal income tax withheld					
99-6688978					104301.03						24328.21					
c Employer's name, address, and ZIP code						3 Social security wages					4 Social security tax withheld					
Wolf Inc LLC					100988.72						7725.64					
146 Mullins Locks				5 Medicare wages and tips						6 Medicare tax withheld						
				105640.58 7 Social security tips						3063.58 8 Allocated tips						
Thomasview AL 50169-3351																
						100988.72					105640.58					
d Control number					9	Advance	e EIC pa	yment			10	Depend	dent care b	enefits		
2912827											254					
e Employee's first name and initial Last name					11 Nonqualified plans						12a See instructions for box 12					
					215						3148					
Laura Turner				13 Statutory Retirement Third-party						12b						
5905 Joseph Plains					e	mployee	plan	1	sick pay			E	469			
3303 boseph Flains						Others				\	12c	- 11	409			
South Samantha NV 90009-6326					14	Otner (s	ee encid	sea Noti	ce to Employ	/ee)	12C		I			
												D	769			
										12d						
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	yee's address and ZIP co															
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		1.0				9 Local income tax			20 Locality	name		
WV	791-62	2-808	53780.34	3249.16		100116.84 1			13	.3138.07			Mendez	Loaf		
LA	386-75	5-116	53534.61	4953.31		108	3312	.44		15	590	. 27		Griffin Th	roughway	

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

