F	REISSUED	a Employee's socia	l security number			Safe	e, Accurate,	e D	.∠GH		Visit the	IRS Website	
S	TATEMENT	82	24-97-9975	OMB N	o. 1545-0	0008 FAS	T! Use	<u></u>		e	at www.i	rs.gov/efile.	
b Emplo	yer identification number				1	Wages, tips, other	r compensation		2 Federal income tax withheld				
10-2359695					183903.16				59731.35				
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4 Social security tax withheld				
Serrano LLC Inc					204680.13				15658.03				
4019 Benjamin Extensions Apt. 149 East Victoriastad WV 77434-9420					5 Medicare wages and tips				6 Medicare tax withheld				
					141051.96				4090.51				
East Victoriastad WV //434-9420					7 Social security tips				8 Allocated tips				
					204680.13				141051.96				
d Control number					9 Advance EIC payment 10 Dependent care benefits				enefits				
	1527538									181			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
Paula Hunter					282				2516				
	raula nuncel					13 Statutory Retirement Third-party employee plan sick pay				i			
896 Ricardo Underpass Kathrynmouth WY 84200-2056					14 Other (see enclosed Notice to Employee)				G 431				
									12c				
										E 676			
									12d				
										н	582		
f Employee's address and ZIP code													
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wage	es, tips, etc.	19 L	ocal inco	ome tax		20 Locality name	
AZ	607-52	-485	90845.92	4725.68		169088	. 82	19	141.	48		Brown Village	
WI	708-25	708-25-237 97642.52 6110.1		135286.17 2		26	26641.25			Robert Haven			

Wage and Tax

Form W-2 Statement

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	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if								
S	TATEMENT	8	24-97-9975	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.								
b Emplo	b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld			
10-2359695						183903.16			59731.35				
c Emplo	yer's name, address, and	3 Social security wages			4 Social security tax withheld								
Serrano LLC Inc 4019 Benjamin Extensions Apt. 149						204680.13				15658.03			
						5 Medicare wages and tips				6 Medicare tax withheld			
East Victoriastad WV 77434-9420					141051.96				4090.51				
					7 Social security tips				8 Allocated tips				
					204680.13				141051.96				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	1527538								181				
e Emplo	yee's first name and initial	11 Nonqualified plans			12a See instructions for box 12								
	Paula Hunter					282 13 Statutory Retirement Third-party			2516				
896 Ricardo Underpass Kathrynmouth WY 84200-2056					employee plan sick pay			120	_	404			
									G	431			
					14 Other (see enclosed Notice to Employee)				12c				
	-					!				676			
								12d					
									Н	582			
f Employee's address and ZIP code 15 State							1.0.				Lag t III		
15 State	Employer's state ID n		16 State wages, tips, etc.			10 =000 10 000 10 000		Local income tax			20 Locality name		
AZ	607-52	2-485	90845.92	4725.68		169088.82	19	141	. 48		Brown Village		
WI	708-2	5-237	97642.52	6110.1		135286.17		26641.25			Robert Haven		

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

