REISSUED	EISSUED a Employee's social security number				Safe, Acc	urate,	Visit the IRS Website				
STATEMENT	6.	57-80-1978	OMB N	o. 1545-00	08 FAST! Us	e e	** file	at www.i	rs.gov/efile.		
b Employer identification number				1 W	1 Wages, tips, other compensation			Federal income tax withheld			
45-05921	99			201416.42			43467.16				
c Employer's name, address	, and ZIP code			3 Social security wages			4 Social security tax withheld				
Hoffman LLC Group				245315.32			18766.62				
90010 Villegas Forges Suite 476				5 Medicare wages and tips			6 Medicare tax withheld				
Lake Lindseyberg NH 81595-1775				201036.03			5830.04				
Hake Hindseyberg kin 01393 1773				7 Social security tips			8 Allocated tips				
				245315.32			201036.03				
d Control number				9 A	dvance EIC payment		10 Depo	endent care be	enefits		
4391177							161				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
				115			P 8474				
Cynthia Nunez				13 Statutory Retirement Third-party employee plan sick pay			12b				
951 John Rapid Apt. 556				еприуче ріап зіск рау			E	E 450			
West Steven OR 75097-4243					14 Other (see enclosed Notice to Employee)			i			
West Steven OR 75057 4245								560			
			1			12d	1				
								707			
								737			
f Employee's address and Z 15 State Employer's state		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc 19	9 Local income	tax	20 Locality name		
' '	-33-247	101013.8	8956.86		3.7,1,7,		2263.25		Lisa Ports		
MT 012	-JJ-Z4/	101013.0	0930.00		ZZ4Z65.UI	3	2203.23	,	LISA POFTS		
VT 820	-76-699	94098.77	7081.58		154189.89	2	8296.7	7	Sandra Cliff		

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 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						
	ATEMENT	6	57-80-1978	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employer identification number				 Wages, tips, other compensation 			Federal income tax withheld				
4	45-0592199				201416.42			43467.16			
c Employ	er's name, address, and	ZIP code			3 Social security wages			4 Social security tax withheld			
Hoffman LLC Group				245315.32			18766.62				
90010 Villegas Forges Suite 476				5 Medicare wages and tips			6 Medicare tax withheld				
Lake Lindseyberg NH 81595-1775					201036.03			5830.04			
					7 Social security tips			8 Allocated tips			
				245315.32			201036.03				
d Control number				9 Advance EIC payment 10			10 Depend	Dependent care benefits			
4391177							161				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Conthin None				115			P 8474				
`	Cynthia Nunez				13 Statutory Retirement Third-party employee plan sick pay			12b	ī		
951 John Rapid Apt. 556								E	450		
West Steven OR 75097-4243				14 Other (see enclosed Notice to Employee)			12c				
							560				
							12d				
							737				
	ee's address and ZIP cod		1 -	1		T				1	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality	/ name
WI	012-33	3-247	101013.8	8956.86		224285.01 32		32263.25		Lisa	Ports
VT	820-76	5-699	94098.77	7081.58	154189.89 28		296.77		Sandra	Cliff	

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

