REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website					
STATEMENT 407-16-4206	OMB No. 1545-0	008 FAST! Use	at www	irs.gov/efile.		
b Employer identification number	1	Wages, tips, other compensation	2 Federal income t	ax withheld		
63-5777665		248321.67	57146.69	57146.69		
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security ta	4 Social security tax withheld		
Burke LLC Ltd		203950.0	15602.17	15602.17		
9588 Ford Mountains Suite 525	5	Medicare wages and tips				
Kevinside MD 80927-3970		239305.37		6939.86		
		Social security tips	8 Allocated tips	8 Allocated tips		
		203950.0	239:	239305.37		
d Control number		Advance EIC payment	10 Dependent care	10 Dependent care benefits		
3854038			116	116		
e Employee's first name and initial Last name		Nonqualified plans	12a See instruction	12a See instructions for box 12		
, _ ,		114	P 5569	P 5569		
David Cook		utory Retirement Third-party	12b			
5229 Goodwin Port Apt. 311	em	oloyee plan sick pay	D 363			
South Desireeside WA 30471-4066		Other (see enclosed Notice to Employ	yee) 12c			
			677			
			12d			
			898			
f. Fusional address and 7/D and			098			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State	e income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
	1.02	180070.13	46500.85	Victor Via		
CO 451-84-523 114328.42 5784	4.07	256782.64	46499.99	Kevin Dam		

Wage and Tax Statement

5010

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 soci	•		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	4	07-16-4206	OMB N	OMB No. 1545-0008 to life 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 Emplo	yer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld		
63-5777665			248321.67				57146.69				
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld				
Burke LLC Ltd			203950.0				15602.17				
9588 Ford Mountains Suite 525 Kevinside MD 80927-3970			5 Medicare wages and tips 239305.37				6 Medicare tax withheld 6939.86				
			7 Social security tips				8 Allocated tips				
				203950.0				239305.37			
d Contro	ol number				9	Advance EIC pag	ment		10 Depe	ndent care b	enefits
	3854038									116	
e Employee's first name and initial Last name		11 Nonqualified plans				12a See instructions for box 12					
David Cook			114 13 Statutory Retirement Third-party				12b				
5229 Goodwin Port Apt. 311 South Desireeside WA 30471-4066			employee plan sick pay				D	363			
			14	Other (see enclo	sed Notice to Employ	yee)	12c	ı			
		!					677				
								Ī	12d	i	
						_	898				
f Emplo	eyee's address and ZIP co Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wag	on tine ate	10.1	ocal income ta		20 Locality name
			J								1
AR	078-7	5-/68	121247.0	7511.02		180070	.13	46	500.85	· 	Victor Via
со	451-84	4-523	114328.42	5784.07		256782	. 64	46	499.99)	Kevin Dam

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

