RE	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website			
STA	TEMENT	40	6-28-8909	OMB N	o. 1545-0	0008 FAST!	Use	G~II		at www.ii	rs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation				Federal income tax withheld			
12-0472152					48584.02				10763.89			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Gray LLC Ltd					39129.02				2993.37			
298 Huang Fall Suite 678					5 Medicare wages and tips				6 Medicare tax withheld			
				62642.56				1816.63				
Port Kevin SD 12479-8726					7 Social security tips				8 Allocated tips			
					39129.02				62642.56			
d Control number					9 Advance EIC payment			10				
269237									175			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
					227				D 9643			
Danielle Rojas				13 Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee)								
3952 Gonzalez Route Garciafort MD 69732-7757								D	807			
								1				
										710		
								12d	12d			
										307		
f Employee	e's address and ZIP code	_								307		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tip	s, etc.	19 Local in	come tax		20 Locality name	
NM	763-68	-792	23243.53	2551.01		47103.98		8317.	317.02		Sullivan Motorway	
NY	623-32	-404	24971.38	1775.9		48039.22		5929.	76		Steven Branch	

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.

	REISSUED	a Employee's soc	•	OMD N	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							
	STATEMENT 400 20 0309				this income is taxable and you fail to report it.							
1	b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld			
12-0472152						48584.02			10763.89			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Gray LLC Ltd						39129.02			2993.37			
298 Huang Fall Suite 678					5 Medicare wages and tips			6 Medicare tax withheld				
						62642.56	1816.63					
	Port Kevin SD 12479-8726					Social security tips	8 Allocated tips					
						39129.02	62642.56					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	269237								175			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Danielle Rojas					227			D 9643				
	Danielle Rojas					13 Statutory Retirement Third-party employee plan sick pay			1			
3952 Gonzalez Route								D	807			
	Garciafort MD 69732-7757					14 Other (see enclosed Notice to Employee)			12c			
									710			
								12d				
								307				
f Employee's address and ZIP code												
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		_ocal income tax	(20 Locality name		
NM	763-68	3-792	23243.53	2551.01		47103.98 83		317.02		Sullivan Motorway		
NY	623-32	2-404	24971.38	1775.9		48039.22	59	29.76		Steven Branch		

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

