	LIGGOLD	a Employee's socia	OMB	N. 4545.00	Safe, Accurate,	IRS 1	vfi			IRS Website			
•	ATEMENT	2.	29-86-9140	OMB	3 No. 1545-00		_				rs.gov/efile.		
	er identification number		1 V	1 Wages, tips, other compensation				2 Federal income tax withheld					
	34-0890206			211216.65				46565.47					
. ,	er's name, address, and Z		3 S	3 Social security wages				4 Social security tax withheld					
5	Stevens-Mar	tinez Gro		188544.46				14423.65					
	682 Kimberl	v Coves	5 N	· ····································				6 Medicare tax withheld					
		-		164671.56				4775.48					
Lake Kayla WI 14934-8025						7 Social security tips				8 Allocated tips			
				188544.46			164671.56						
d Control number						Advance EIC payment			10 Dependent care benefits				
6377534						113							
e Employ	ee's first name and initial	Last name	11 N	onqualified plans	12a See instructions for box 12								
Cameron Russo 343 Miller Spring Suite 743						166				G 2183			
						13 Statutory Retirement Third-party employee plan sick pay							
										801			
ı	New George	borough	14 C	ther (see enclosed Notice to En	12c		Ī						
New Georgeborough MO 17927-2006									G	180			
							12d	12d					
									P	456			
f Employ	ee's address and ZIP cod	•								430			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	ax	18 Local wages, tips, etc.	19	Local inc	ome tax	:	20 Locality name		
NV	834-22	-047	108464.76	4404.85		192816.02	27	7205	. 52		Clements Wells		
MD	615-05	-891	115001.87	4406.0		263911.01	37	7678	678.93		Scott Dale		
Wage and Tax Statement						Department of the TreasuryInternal Revenue Service							

Statement Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.

F	REISSUED	This information is being furnished to the Internal Revenue Service. If you are required												
S	STATEMENT 229-86-9140 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imported this income is taxable and you fail to report it.								e imposed on you ii					
b Employer identification number						Wages, tips, other compensation				2 Federal income tax withheld				
34-0890206							211216.65				46565.47			
c Employer's name, address, and ZIP code							3 Social security wages			4 Social security tax withheld				
Stevens-Martinez Group							188544.46			14423.65				
682 Kimberly Coves Lake Kayla WI 14934-8025						5 Medicare wages and tips				6 Medicare tax withheld				
						164671.56				4775.48				
						7 Social security tips				8 Allocated tips				
							188544.46				164671.56			
d Control number							9 Advance EIC payment			10 Dependent care benefits				
6377534										113				
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
							166			G 2183				
Cameron Russo 343 Miller Spring Suite 743 New Georgeborough MO 17927-2006						13 Statutory Retirement Third-party employee plan sick pay								
						14 Other (see enclosed Notice to Employee)					Н	801		
										12c				
											G	180		
									-	12d		1-00		
											_	456		
							1				P 456			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax							18 Local wages, tij	os ete	10 1	ocal inc	omo tov		20 Locality name	
			_				= ' ' ' '			7205.52			,	
NV	834-22	-04/	108464.	/6	4404.85		192816.0	_	21	2 05	. 52		Clements Wells	
MD	615-05-891 115001.87 4406.0			263911.01 37		37	7678.93			Scott Dale				

Cut here. Keep lower portion for your records.

Wage and Tax

Statement Form W-2 Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

