| F | REISSUED a Employee's social security number | | | | Safe, Accurate, | | | | | Visit the IRS Website | | | |
|---|--|-------|----------------------------|--------------------|-----------------|--|-------------------|---------------|---------------|---------------------------------|------------|------------------|--|
| S | TATEMENT | 38 | 32-10-4096 | OMB | No. 1545-0 | 8000 | FAST! Use | | | 16 | at www.i | rs.gov/efile. | |
| b Employer identification number | | | | | 1 | 1 Wages, tips, other compensation | | | 2 | 2 Federal income tax withheld | | | |
| 64-9327445 | | | | | | 121935.96 | | | 3 | 31922.18 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 | 3 Social security wages | | | 4 | 4 Social security tax withheld | | | |
| Cross LLC PLC | | | | | | 86091.15 | | | 6 | 6585.97 | | | |
| 21949 Heather Divide Suite 131 | | | | | 5 | · ···································· | | | 6 | | | | |
| | | | | | | 136321.64 | | | | 3953.33 | | | |
| | North Charlesside CA 83497-6815 | | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | | | 86091.15 | | | | 136321.64 | | | |
| d Control number | | | | | 9 | 9 Advance EIC payment | | | 10 | | | | |
| 2893768 | | | | | | | | | | 246 | | | |
| e Employee's first name and initial Last name | | | | | 11 | 11 Nonqualified plans | | | 12a | 12a See instructions for box 12 | | | |
| | | | | | | 263 | | | | н 3874 | | | |
| | Gregory Lee | | | | | atutory | Retirement | Third-party | 12b | | 1 | | |
| 4691 Olson Grove New Mark NE 22704-3186 | | | | | em | employee plan sick pay | | | | | 134 | | |
| | | | | | 14 | Other (see | enclosed Notic | e to Employee | e) 12c | | 1 | | |
| New Mark NE 22704 5100 | | | | | | | | | | 451 | | | |
| | | | | | | | | 12d | | 101 | | | |
| | | | | | | | | | | н | 225 | | |
| f Emplo | ovee's address and ZIP cod | lo. | | | | | | | | п | 223 | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income ta | x | 18 Loca | al wages, tips, e | tc. | 19 Local in | come tax | (| 20 Locality name | |
| WY | 826-66 | 3-365 | 55409.08 | 4223.84 | | 128709.69 12 | | 12212 | 2212.11 | | Jenna Loaf | | |
| | | | | | | | | | | | | | |
| DE | 942-41 | 272 | 65397.11 | 5002.38 | | 101 | 730.26 | | 23516 | .24 | | Reilly Freeway | |
| Wage and Tax Department of the TreasuryInternal Revenue Service | | | | | | | | | | | | | |

Wage and Tax

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.

5070

Cut here. Keep lower portion for your records.

| | EISSUED | a Employee's soci | al security number 82-10-4096 | OME | 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 382-10-4096 b Employer identification number | | | | this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld | | | | | | | |
| 64-9327445 | | | | | | 121935.96 | 31922.18 | | | | | |
| | c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| | | | | | | 86091.15 | | | 6585.97 | | | |
| Cross LLC PLC | | | | | 5 1 | Medicare wages and tips | 6 Medicare tax withheld | | | | | |
| 2 | 21949 Heather Divide Suite 131 North Charlesside CA 83497-6815 | | | | | | | | | | | |
| N | | | | | | 136321.64 | 3953.33 | | | | | |
| Not an analtessiae an asymptotic | | | | | 7 8 | Social security tips | 8 Allocated tips | | | | | |
| | | | | | | 86091.15 | | | 136321.64 | | | |
| | d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 2 | 2893768 | | | | | | | | 246 | | | |
| e Employe | e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| _ | Gregory Lee 4691 Olson Grove New Mark NE 22704-3186 | | | | | 263 | | | н 3874 | | | |
| G | | | | | | tory Retirement Third-part | / | 12b | | | | |
| 4 | | | | | | employee plan sick pay | | | 134 | | | |
| | | | | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | |
| N | | | | | | | | | | | | |
| | | | | | | | | | 451 | | | |
| | | | | | | | | 12d | 1 | | | |
| | | | | | | 225 | | | | | | |
| f Employe | ee's address and ZIP cod | | | | | | | | | | | |
| 15 State | Employer's state ID no | umber | 16 State wages, tips, etc. | 17 State income to | ax | 18 Local wages, tips, etc. | 19 | Local income tax | | 20 Locality name | | |
| WY | 826-66 | 5-365 | 55409.08 | 4223.84 | | 128709.69 | 12 | 2212.11 | | Jenna Loaf | | |
| DE | 942-41 | L-272 | 65397.11 | 5002.38 | | 101730.26 | 23 | 3516.24 | | Reilly Freeway | | |

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

