| F | REISSUED | a Employee's socia | al security number | | | Safe, Acc | urate, | H | \overline{V} | isit the | IRS Websi | te |
|---|---------------------------|--------------------|----------------------------|-----------------------|--|--|---------|---------------------------------|--------------------------------|----------|-------------|-------|
| S | TATEMENT | 17 | 72-07-6442 | OMB N | o. 1545-0008 | FAST! Us | e | 1 | a | t www.ir | s.gov/efile | |
| b Employer identification number | | | | | 1 Wa | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 16-7830660 | | | | | 183763.59 | | | 58601.63 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 | 4 Social security tax withheld | | | |
| Roberts LLC PLC | | | | | 138775.54 | | | | 10616.33 | | | |
| 48867 Seth Turnpike Suite 940 | | | | | 5 Medicare wages and tips 230330.77 | | | 6 | | | | |
| | | | | | | | 6679.59 | | | | | |
| | Danielsfort ND 98580-5280 | | | | | 7 Social security tips | | | 8 Allocated tips | | | |
| | | | | | 138775.54 | | | | 230330.77 | | | |
| d Control number | | | | 9 Advance EIC payment | | | 10 | | | | | |
| 697086 | | | | 141 | | | | | | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| | | | | | 215 | | | | D 6112 | | | |
| | Alexander Green | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | | | | |
| 44974 Allen Orchard | | | | X Sick pay | | | | 942 | | | | |
| Elizabethmouth WA 39694-8832 | | | | | 14 Oth | 14 Other (see enclosed Notice to Employee) | | | | | | |
| | | | | | | | | | н 3 | 387 | | |
| | | | | | | | | 12d | | | | |
| | | | | | | | | | 941 | | | |
| f Emplo | yee's address and ZIP cod | | | | | | | | | 741 | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | 1 | 18 Local wages, tips, | etc. 19 | 9 Local inco | me tax | | 20 Locality | name |
| ТX | 769-30 | -883 | 85700.19 | 9277.15 | | 129457.58 | 2 | 5048. | 42 | | Julian | Point |
| | | | | | | | | | | | | |
| NY | 361-79 | 769 | 93334.61 | 8370.47 | 2 | 221711.3 | 2 | 9611. | 65 | | Alicia | Isle |
| 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

| F | REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are re | | | | | | | | | | | |
|---|---|----------|----------------------------|---------|---|--|------|--------------------------------|---------------------------------|------------------|--|--|
| S | TATEMENT | 17 | 72-07-6442 | OMB N | OMB No. 1545-0008 to file 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 Employer identification number | | | | | Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 16-7830660 | | | | | 183763.59 | | | 58601.63 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Roberts LLC PLC 48867 Seth Turnpike Suite 940 Danielsfort ND 98580-5280 | | | | | | 138775.54 | | 10616.33 | | | | |
| | | | | | 5 N | ledicare wages and tips | | 6 Medicare tax withheld | | | | |
| | | | | | | 230330.77 | | 6679.59 | | | | |
| | | | | | 7 S | ocial security tips | | 8 Allocated tips | | | | |
| | | | | | | 138775.54 | | 230330.77 | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| | 697086 | | | | | | | | 141 | | | |
| e Emplo | e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| | Alexander Green | | | | | 215 13 Statutory Retirement Third-party | | | D 6112 | | | |
| | 44974 Allen Orchard | | | | employee plan sick pay | | | 942 | | | | |
| | Elizabethmouth WA 39694-8832 | | | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | |
| | | | | | 1 | | | н 387 | | | | |
| | | | | | | | - | 12d | | | | |
| | | | | | | | | 941 | | | | |
| f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax | | | | | | 40 Landingers fine sta | 10.1 | ocal income tax | | 20. 1 1:4: | | |
| | | | 16 State wages, tips, etc. | | | 18 Local wages, tips, etc. | - | | | 20 Locality name | | |
| TX | 769-30 | -883 | 85700.19 | 9277.15 | | 129457.58 | 250 | 048.42 | | Julian Point | | |
| NY | 361-79 | 769 | 93334.61 | 8370.47 | | 221711.3 | 29 | 611.65 | | Alicia Isle | | |

Cut here. Keep lower portion for your records.

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

