F	REISSUED	a Employee's socia	•			Safe	e, Accurate,	ee 🖸	JZ∰		Visit the	IRS Website	
S	TATEMENT	79	91-21-6516	OMB N	lo. 1545-	0008 FAS	T! Use			E	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
64-4894771						228399.09			78020.63				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Silva LLC Inc						227263.87			17385.69				
237 Hannah Wells Suite 371 East Angelica GA 72205-9910					5 Medicare wages and tips				6 Medicare tax withheld				
					175524.45				5090.21				
					7	7 Social security tips				8 Allocated tips			
						227263.87			175524.45				
d Control number					9	9 Advance EIC payment 10 Depen			Depend	dent care benefits			
8119293									282				
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12				
Michael Rivera					220 13 Statutory Retirement Third-party				E 9293				
	098 Henderson Overpass Apt. 774					employee plan sick pay				1			
						X X			336				
Laurenmouth MN 21801-0414						14 Other (see enclosed Notice to Employee)				12c			
											568		
										12d			
										**	007		
										н 887			
f Emplo	eyee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wage	es, tips, etc.	19	Local inc	ome tax		20 Locality name	
DC	086-31		121646.92	6802.46		ğ , , ,			0361.69			Courtney Curve	
	300-31	121040.32 0802.40			291703	· + 4	130	JUL .	. 09		Courtney Curve		
WY	328-78	-722	118452.64	64 5913.4		263219.86		26	26331.27			Little Falls	

Wage and Tax

Form W-2 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.

R	REISSUED a Employee's social security number					This information is being furnished to the Internal Revenue Service. If you are required						
ST	STATEMENT 791–21–6516 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be impose this income is taxable and you fail to report it.						e imposed on you ii					
b Employ	b Employer identification number					Wages, tips, other compensation	2 Federal income tax withheld					
64-4894771						228399.09			78020.63			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Silva LLC Inc						227263.87			17385.69			
237 Hannah Wells Suite 371 East Angelica GA 72205-9910					5	Medicare wages and tips	6 Medicare tax withheld					
						175524.45	5090.21					
					7	Social security tips	8 Allocated tips					
					227263.87			175524.45				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	8119293								282			
e Emplo	yee's first name and initial	Last nan	ne		11 Nonqualified plans			12a See instructions for box 12				
Michael Rivera					220 13 Statutory Retirement Third-party			E 9293				
	000 Wardanaa Orania 374					employee plan sick pay			336			
	098 Henderson Overpass Apt. 774				x x							
	Laurenmouth MN 21801-0414					14 Other (see enclosed Notice to Employee)			12c			
								568				
								12d				
									н 887			
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, tips, etc.	140	Local income tax		00 1		
			9			10 ====================================				20 Locality name		
DC	086-33	L-482	121646.92	6802.46		291765.14	40	361.69		Courtney Curve		
WY	328-78	3-722	118452.64	5913.4		263219.86	26	331.27		Little Falls		

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

