R	REISSUED	a Employee's socia	l security number				Safe, Accu	rate,			Visit the	IRS Website	
ST	<b>TATEMENT</b>	68	88-56-6974	OMB N	o. 1545-0	800	FAST! Use			le)	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
67-1835730					113426.53				4	41416.0			
<b>c</b> Employ	yer's name, address, and 2	IP code			3 Social security wages				4	4 Social security tax withheld			
Harrison LLC Group					115617.26				8	8844.72			
3530 Katherine Trail					5 Medicare wages and tips				6				
.	East Edward MT 04984-3372					147044.99				4264.3			
						7 Social security tips				8 Allocated tips			
					115617.26					147044.99			
d Control number					9 Advance EIC payment			10					
1772736									105				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
	Leslie Cortez					283				2114			
						13 Statutory Retirement Third-party employee plan sick pay				12b			
66032 Deborah Union					X Sick pay								
	Lisashire UT 98863-7147					14 Other (see enclosed Notice to Employee)				12c			
										D	786		
										12d			
										D	312		
f Employ	yee's address and ZIP cod	е									l .		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	<u>.</u>	3, ., ., .,		9 Local income tax			20 Locality name		
TN	536-19	-652	51849.04	3322.11		111591.45 1		9683.91			Armstrong Rue		
NM	980-85	-195	57863.49	4635.37	90995.8			18726.27			Lisa Meadow		

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.

	CLIOOOLD	a Employee's soci	•		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 688-56-6974 OMB No. 1545-0008 this income is taxable and you fail to report it.						. ,					
<b>b</b> Employ	yer identification number				1 \	Vages, tips, other compensation		Federal income tax withheld				
67-1835730						113426.53	41416.0					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Harrison LLC Group						115617.26			8844.72			
3530 Katherine Trail East Edward MT 04984-3372					5 N	Medicare wages and tips	6 Medicare tax withheld					
						147044.99	4264.3					
					7 5	Social security tips	8 Allocated tips					
						115617.26			147044.99			
d Contro	ol number				9 Advance EIC payment			10 Dependent care benefits				
	1772736								105			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Leslie Cortez 66032 Deborah Union					283			2114				
					13 Statu			12b	1			
					employee plan sick pay							
	Lisashire UT 98863-7147				14 (	Other (see enclosed Notice to Employ	ree)	12c	ı			
								D	786			
								12d				
								D 312				
f Employee's address and ZIP code									•			
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax	(	20 Locality name		
TN	536-19	9-652	51849.04	3322.11	111591.45		19	683.91	Armstrong Rue			
NM	980-85-195 57863.49 4635.37		4635.37	90995.8		18	726.27	Lisa Meadow				

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

