RI	EISSUED	a Employee's socia	I security number			Safe, Ac	curate,			Visit the	IRS Websit	te	
ST	ATEMENT	07	4-13-5773	OMB N	o. 1545-0	008 FAST! U	Jse 📉	e≁fi	Ü	at www.ii	rs.gov/efile.		
<b>b</b> Employer identification number					1 \	1 Wages, tips, other compensation			2 Federal income tax withheld				
51-1974405						168557.74			26928.04				
c Employer's name, address, and ZIP code					3 Social security wages			4	4 Social security tax withheld				
Waller LLC LLC					141301.97			1	10809.6				
6169 Evans Motorway Apt. 542					5 Medicare wages and tips			6					
					177119.58				5136.47				
, w	West Wesley ID 09332-5547					7 Social security tips				8 Allocated tips			
						141301.9	7			1771	19.58		
d Control	number				9 Advance EIC payment			10	10 Dependent care benefits				
7	183186								224				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12					
					166				5744				
٦	Joseph Kelly					13 Statutory Retirement Third-party employee plan sick pay			i	1			
155 Donna Coves					Sick pay				822				
Kellybury CT 53758-9897						14 Other (see enclosed Notice to Employee)			12c				
1011,201, 01 05,00 505,									G 244				
								12d	12d				
									G	863			
f Employe	ee's address and ZIP cod	•							G	003			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tip	s, etc.	19 Local inc	ome tax		20 Locality	name	
AL	196-16	-433	79262.94	6380.24		197117.98	3	27658	. 85		Griffin	Plaza	
ND	600-82	-616	86120.71	5892.95		190494.7	6	33246	. 23		Keller	Lakes	

Wage and Tax

Form W-2

5070 **Statement** Copy B--To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.

Department of the Treasury--Internal Revenue Service

Cut here. Keep lower portion for your records.

REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required							
STATEME	NT	074-13-5773	OMB N	OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed or this income is taxable and you fail to report it.					e imposed on you if		
<b>b</b> Employer identification	<b>b</b> Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
51-1974405				168557.74			26928.04				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Waller LLC LLC				141301.97			10809.6				
6169 Evans Motorway Apt. 542				5 Medicare wages and tips			6 Medicare tax withheld				
	West Wesley ID 09332-5547				177119.58 7 Social security tips			5136.47  8 Allocated tips			
west w											
				141301.97			177119.58				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
718318	7183186							224			
e Employee's first name	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
				166			5744				
Josepi	Joseph Kelly				13 Statutory Retirement Third-party			12b			
155 Donna Coves Kellybury CT 53758-9897				employee plan sick pay  14 Other (see enclosed Notice to Employee)			822				
							12c				
							G 244				
						-	12d				
							G	863			
f Familian all address							<u> </u>	863			
f Employee's address :  15 State Employer's	state ID number	16 State wages, tips, etc.	17 State income tax	l	18 Local wages, tips, etc.	19 L	ocal income tax	:	20 Locality name		
AL 1	96-16-433	79262.94	6380.24		197117.98	27			Griffin Plaza		
ND 6	00-82-616	86120.71	5892.95		190494.76	33	3246.23 Keller La		Keller Lakes		

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

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