Wage and Tax Statement						Department of the TreasuryInternal Revenue Service						
со	629-60	-665	108092.51	3775.92	2	33831.2	34	595.12		Neal	Corner	
WV	630-45	-984	112449.96	4590.3	2	57765.59	22	716.69		Derric	k Squares	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta:	x 18	Local wages, tips, etc.	19 L	ocal income tax		20 Loca	lity name	
f Emplo	ovee's address and ZIP cod	e					- -	12d	634			
Nancy Lewis 2290 Thompson Fall West Amberfort ME 81425-9407								D	690			
					14 Othe	employee plan sick pay The control of the control						
					employee				G 545			
					13 Statutory	233 13 Statutory Retirement Third-party			H 5524			
e Employee's first name and initial Last name												
3488278						11 Nonqualified plans			196			
d Control number						9 Advance EIC payment			10 Dependent care benefits			
						172178.52			227434.72			
West Marctown CO 88179-6702					7 Socia	7 Social security tips			8 Allocated tips			
134 Katelyn Shores Suite 851						227434.72			6595.61			
						5 Medicare wages and tips			6 Medicare tax withheld			
c Employer's name, address, and ZIP code Munoz-Mack LLC						3 Social security wages 172178.52			13171.66			
24-7042755						214634.22			69691.18 4 Social security tax withheld			
b Employer identification number					· ·	1 Wages, tips, other compensation			2 Federal income tax withheld			
	TATEMENT	72	21-26-2378	OMB	No. 1545-0008	FAST! Use		TITE	at www.i	U	ile.	
REISSUED a Employee's social security number					Safe, Accurate,	IRS •	w#III	Visit the				

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.

Cut here. Keep lower portion for your records.

REISSUE	D a Employee's soc	This information is being furnished to the Internal Revenue Service. If you are required									
STATEME	STATEMENT 721-26-2378 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction in this income is taxable and you fail to report it.						nction may b	be imposed on you if			
b Employer identification number					Wages, tips, other compensation			Federal income tax withheld			
24-7042755					214634.22			69691.18			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Munoz-Mack LLC				172178.52			13171.66				
134 Katelyn Shores Suite 851 West Marctown CO 88179-6702					5 Medicare wages and tips 227434.72			6 Medicare tax withheld 6595.61			
					172178.52			227434.72			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
3488278								196			
e Employee's first name and initial Last name					11 Nonqualified plans 12a See instructions for			for box 12			
37						233			н 5524		
Nancy	Nancy Lewis				13 Statutory Retirement Third-party employee plan sick pay			1			
2290 Thompson Fall West Amberfort ME 81425-9407					14 Other (see enclosed Notice to Employee)			545			
								i			
West Immeriore In Origes 3407							D	D 690			
						-	12d				
								634			
f Employee's address									_		
	state ID number	16 State wages, tips, etc.	17 State income tax		1.5		D Local income tax		20 Locality name		
WV 6	30-45-984	112449.96	4590.3		257765.59 22		22716.69		Derrick Squares		
co 6	29-60-665	108092.51	3775.92	233831.2		34	595.12		Neal Corner		

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

