REISSUE		ial security number		Safe, Accurate,  OMB No. 1545-0008  FASTI Use  at www.irs.gov/					IRS Website			
STATEME	NT 8	23-20-1213	OMB N	o. 1545-00	008 FAST!	Use	5	7 111	4	at www.i	rs.gov/efile.	
<b>b</b> Employer identification	n number			1 \	1 Wages, tips, other compensation				2 Federal income tax withheld			
02-768	6543				140444.13				36628.28			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld				
Love Group LLC				151143.74				11562.5				
689 Cruz Square				5 Medicare wages and tips				6 Medicare tax withheld				
Lake Angelaland CT 65219-4905				110990.3				3218.72				
				7 Social security tips				8 Allocated tips				
				151143.74			110990.3					
d Control number				9 Advance EIC payment				10 Dependent care benefits				
3345399								274				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
Susan Evans				133				8591				
				13 Statutory Retirement Third-party employee plan sick pay				12b		1		
96961 Evans Forges				x x				699				
Longport MA 79256-0188				14 Other (see enclosed Notice to Employee)			yee)	12c				
									286			
								12d				
									H	511		
f Employee's address  15 State Employer's	and ZIP code state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, t	ns etc	19 1	Local inco	nme tay		20 Locality name	
	28-29-899	64505.31	4313.55		144391.7			947.		•	,	
טע	20-23-033	04202.21	4313.33		144331.	<u> </u>	24	241.	. , ,		Newton Tunnel	
DE 5	E 549-38-500 73845.22 2711.5		170797.2		15	15237.97			Kelly Turnpike			

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 socia	l security number		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						
	<b>TATEMENT</b>	82	23-20-1213	OMB No	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employer identification number				1 \	Vages, tips, other compensation	Federal income tax withheld					
02-7686543				140444.13			36628.28				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Love Group LLC				151143.74			11562.5				
689 Cruz Square Lake Angelaland CT 65219-4905				5 N	ledicare wages and tips	6 Medicare tax withheld					
				110990.3			3218.72				
				7 Social security tips			8 Allocated tips				
				151143.74			110990.3				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
3345399							274				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Susan Evans				133			8591				
				13 Statutory Retirement Third-party			12b				
96961 Evans Forges				employee plan sick pay			699				
Longport MA 79256-0188				14 (	Other (see enclosed Notice to Employ	ree)	12c				
							286				
							12d				
									E11		
								н 511			
15 State	yee's address and ZIP coo Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax		20 Locality name	
DC	628-29		64505.31	4313.55		144391.73		947.77		Newton Tunnel	
- DC	020-23		04303.31	12313.33		T4473T.13	24	J=1.11		Newton Tunnel	
DE	549-38	3-500	73845.22	2711.5		170797.2	15	237.97		Kelly Turnpike	

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

