REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Web				
STATEMENT 082-83-19	44 OMB N	No. 1545-0008 FAST! Use	at www.irs.gov/efile.			
b Employer identification number	·	1 Wages, tips, other compensation	2 Federal income tax withheld			
80-7856388		233269.75	34875.58			
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld			
Richardson Ltd LLC		236754.53	18111.72			
168 Thomas Oval Apt. 645		5 Medicare wages and tips	6 Medicare tax withheld			
Gutierrezside NY 66920-8	607	174733.94	5067.28			
Gutterrezside Ni 66920-6	607	7 Social security tips	8 Allocated tips			
		236754.53	174733.94			
d Control number		9 Advance EIC payment	10 Dependent care benefits			
5580556			139			
e Employee's first name and initial Last name		11 Nonqualified plans	12a See instructions for box 12			
		271	5706			
Karen Simmons		13 Statutory Retirement Third-party	12b			
4744 Amanda Rapids		employee plan sick pay	н 381			
North Andrew NM 7356	5-8324	14 Other (see enclosed Notice to Employ	yee) 12c			
North Indiana Ini 73300	0021		н 196			
			12d			
			G 508			
f Employee's address and ZIP code			3 300			
15 State Employer's state ID number 16 State wages	, tips, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name			
WA 891-68-657 118433.	77 13110.71	165859.63	35152.03 Parker Rue			
TN 071-70-649 107253.	86 10087.58	230879.57	37886.78 Gabriel Valleys			

Wage and Tax Statement

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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.

	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
	CLIOGOLD		•	OMPIN	to file a tay return, a negligence penalty or other canction may be imposed on you if								
	TATEMENT	08	82-83-1944	OIVID IN	this income is taxable and you fail to report it.								
	yer identification number				1 Wages, tips, other compensation			Federal income tax withheld					
80-7856388				233269.75			34875.58						
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld						
Richardson Ltd LLC				236754.53			18111.72						
168 Thomas Oval Apt. 645					5 Medicare wages and tips			6 Medicare tax withheld					
Gutierrezside NY 66920-8607				174733.94			5067.28						
				7 Social security tips			8 Allocated tips						
				236754.53			174733.94						
d Control number				9 Advance EIC payment			10 Dependent care benefits						
5580556							139						
e Employee's first name and initial Last name				11 Nonqualified plans 12a See instructions for box 1			for box 12						
Karen Simmons				271			5706						
				13 Statutory Retirement Third-party employee plan sick pay			12b	10.00					
							н	201					
4744 Amanda Rapids					<u> </u>			381					
North Andrew NM 73565-8324					14 Other (see enclosed Notice to Employee)			12c	İ				
				н 196									
						-	12d						
							G 508						
f Employee's address and ZIP code													
f Emplo 15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax	(20 Locality name			
WA	891-68		118433.77	13110.71		3.7,1		35152.03		Parker Rue			
WA	091-00	- 00 <i>i</i>	110433.11	13110./1		103039.03	33	132.03		rarker kue			
TN	071-70	-649	107253.86	10087.58		230879.57	37	886.78		Gabriel Valleys			

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

