F	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
S	TATEMENT	81	.3-53-6262	OMB N	No. 1545-00	008 FAST	! Use	G~IL	le)	at www.i	rs.gov/efile.		
b Emplo	b Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld				
76-5552345						51384.13				15185.68			
c Employer's name, address, and ZIP code					3 8	3 Social security wages			4 Social security tax withheld				
Arnold LLC Inc						61162.1				4678.9			
	75927 Charles Forest				5 Medicare wages and tips				6 Medicare tax withheld				
	South Jerry AZ 85886-0758					37935.37				1100.13			
						7 Social security tips				8 Allocated tips			
						61162.1			37935.37				
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
	1666086								135				
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12				
						286				E 3875			
	Becky Kaiser				13 Statutory Retirement Third-party								
544 Washington Turnpike Suite 830 Deckerstad IL 03020-4494					employee plan sick pay				P	232			
					14 (14 Other (see enclosed Notice to Employee)				, ,			
										903			
									12d				
									D	112			
f Employee's address and ZIP code					!								
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	:	18 Local wages,	tips, etc.	19 Local in	come tax		20 Locality name		
KY	410-09	-850	25988.52	2263.31		61722.9 64		6472.	472.06		Ronald Cliffs		
IL	233-91	-771	24422.51	2635.35		37690.6	3	7192.	76		Nicolas Field		

Wage and Tax

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.

R	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required							
_	STATEMENT 813-53-6262			OMB No	OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.							
b Employ	yer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld				
76-5552345						51384.13			15185.68			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Arnold LLC Inc						61162.1			4678.9			
75927 Charles Forest						5 Medicare wages and tips			6 Medicare tax withheld			
	South Jerry AZ 85886-0758					37935.37	1100.13					
						ocial security tips	8 Allocated tips					
					61162.1			37935.37				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	1666086								135			
e Employ	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Becky Kaiser 544 Washington Turnpike Suite 830					286 13 Statutory Retirement Third-party			E 3875			
						employee plan sick pay			l			
									P 232			
Deckerstad IL 03020-4494					14 Other (see enclosed Notice to Employee)			12c	i			
								903				
								12d	ı			
									D 112			
f Employee's address and ZIP code												
15 State	Employer's state ID nur		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		_ocal income tax	:	20 Locality name		
KY	410-09	-850	25988.52	2263.31		61722.9	64	Ronald Cliffs				
IL	233-91	-771	24422.51	2635.35		37690.63		92.76	Nicolas Field			

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

