REISSUED a Employee's social security	Safe, Accurate, Visit the IRS Website							
STATEMENT 836-72	-1830	OMB No. 1545-0	008 FAST! Use		wfile)	at www.irs.gov/efile.		
b Employer identification number		1	Wages, tips, other compens	sation	2 Federal	income tax withheld		
39-5084765			139397.02			18507.12		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld		
Moreno LLC Group			145851.98			11157.68		
4348 Mack Loop			5 Medicare wages and tips			6 Medicare tax withheld		
-			103270.95			2994.86		
New Ashleychester MO 86077-4081			7 Social security tips			8 Allocated tips		
			145851.98			103270.95		
d Control number			9 Advance EIC payment			10 Dependent care benefits		
3061204						246		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12		
			106			7515		
James Rhodes		13 Stat		Third-party	12b	,		
89784 Darren Summit Cannonstad WV 53945-2542			employee plan sick pay			P 350		
			Other (see enclosed Notice	to Employee)	12c	1		
						502		
			!			12d		
					E	706		
f Employee's address and ZIP code								
1 2/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e wages, tips, etc. 17 State	income tax	18 Local wages, tips, etc	c. 19	Local income tax	20 Locality name		
OR 920-02-523 6940	06.22 5983	. 67	7 118188.11 23		3410.2	Aguilar Roads		
NY 592-11-742 6630	07.03 5568	. 98	175946.1	14	4924.34	Kristina Mountains		

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.

REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required					
STATEMEN	т 8	36-72-1830	OMB	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 Employer identification number			1 \	Wages, tips, other compensation			2 Federal income tax withheld		
39-5084765				139397.02			18507.12		
c Employer's name, address, and ZIP code			3 3	3 Social security wages			4 Social security tax withheld		
Moreno LLC Group				145851.98			11157.68		
4348 Mack Loop New Ashleychester MO 86077-4081			5 1				6 Medicare tax withheld		
				103270.95			2994.86		
			7 5	7 Social security tips			8 Allocated tips		
					145851.98				70.95
d Control number			9 /	9 Advance EIC payment			10 Dependent care benefits		
3061204							246		
e Employee's first name and initial Last name			11	11 Nonqualified plans			12a See instructions for box 12		
, ,				106			7515		
James Rhodes			13 Statu		ty	12b			
89784 Darren Summit			emp	oyee plan sick pay		P	350		
Cannonstad WV 53945-2542			14 (Other (see enclosed Notice to Emp	oyee)	12c			
Camionstad WV 53945-2542							502		
						12d			
							_	706	
							E	706	
f Employee's address at		I do Ctataaaaa tiisa ata	147 Ctata : ta		AO Landurana tina ata	140	Local income tax	_	20. Lassituassa
. ,	state ID number	16 State wages, tips, etc.	17 State income ta	x	18 Local wages, tips, etc.			(20 Locality name
OR 92	20-02-523	69406.22	5983.67		118188.11	23	3410.2		Aguilar Roads
NY 59	2-11-742	66307.03	5568.98		175946.1	14	1924.34		Kristina Mountains

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

