R	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website									
ST	TATEMENT	19	91-36-7792	OMB N	o. 1545-	0008 <b>FAS</b> 1	ſ! Use	6	file	at www.i	rs.gov/efile.			
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
	52-6910963					155313.97				43353.1				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld					
Hammond Inc LLC					193088.18				14771.25					
56403 David Streets					5 Medicare wages and tips				6 Medicare tax withheld					
					144021.28				4176.62					
· ·	Anthonyhaven SC 56798-9465					7 Social security tips				8 Allocated tips				
					193088.18				144021.28					
d Control number					9 Advance EIC payment 10 Dependent care benefits				enefits					
2701480									286					
e Employee's first name and initial Last name				11 Nonqualified plans			1	12a See instructions for box 12						
				137				3305						
	Kristin Ramsey				13 Statutory Retirement Third-party employee plan sick pay				12b	1				
990 Denise Wells						Sick pay				E 333				
Lanemouth IN 21743-6828					14 Other (see enclosed Notice to Employee)				12c					
									G	G 741				
				12d										
									_					
									P	362				
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					18 Local wages	tine oto	10 100	cal income ta	·	20 Locality name				
						_	•			^	,			
MA	532-51	-364	74149.33	6356.56		143582.	23	194	65.98		Eric Plaza			
AK	016-03	-039	78743.69	5603.64		129621.	3	160	11.31		Cynthia Brooks			

Wage and Tax

Form W-2 Statement

5070

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.

F	REISSUED	a Employee's soci	al 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									
S	TATEMENT	19	91-36-7792	OMB N	OMB No. 1545-0008 to life a tax return, a negligence penalty of other sanction may be imposed on you if this income is taxable and you fail to report it.							ii you ii		
<b>b</b> Emplo	<b>b</b> Employer identification number					Wages, tips, other compensation				Federal income tax withheld				
52-6910963					155313.97			43353.1						
<b>c</b> Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld					
Hammond Inc LLC					193088.18 5 Medicare wages and tips			14771.25						
56403 David Streets					5	6 Medicare tax withheld 4176.62								
	Anthonyhaven SC 56798-9465					7 Social security tips				8 Allocated tips				
					193088.18				144021.28					
d Contro	d Control number					9 Advance EIC payment 10 Depend				dent care benefits				
	2701480									286				
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12						
	Kristin Ramsey				137			3305						
					13 Statutory Retirement Third-party									
990 Denise Wells						employee plan sick pay			E	333				
					14 Other (see enclosed Notice to Employee)			120						
	Lanemouth IN 21743-6828					14 Other (see enclosed Notice to Employee)								
									G	741				
								12d		ı				
									P	362				
f Employee's address and ZIP code														
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 1	Local inco	me tax		20 Localit	y name		
MA	532-51	L-584	74149.33	6356.56		143582.53	19	465.	98		Eric	Plaza		
AK	016-03	3-039	78743.69	5603.64		129621.3	16	011.	31		Cynthia	Brooks		

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

