REISSUED a Employee's social securi	ty number		Safe, Accurate, Visit the IRS Webs				ebsite			
STATEMENT 592-6	9-3156	OMB No.	1545-0008	FAST! Us	e —	- VIII		at www.irs.gov/	efile.	
b Employer identification number	b Employer identification number			1 Wages, tips, other compensation			Federal income tax withheld			
63-9858977			125261.12			3	33952.65			
c Employer's name, address, and ZIP code			3 Social security wages			4	4 Social security tax withheld			
Harris Inc LLC			141274.57			1	10807.5			
58548 Danielle Street Apt. 194			5 Medicare wages and tips			6	• modicaro tax mumora			
Lawrencechester WA 98499-2537			159561.49				4627.28			
nawiencechestei wa 90499-2557			7 Social security tips			8	8 Allocated tips			
			141274.57				159561.49			
d Control number			9 Advance EIC payment			10				
3344920							253			
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12			
Matthew Morgan			162				н 1628			
			13 Statutory employee	Retirement plan	Third-party sick pay	12b	1			
6959 Morris Mountains Suite 264				, pan			H	904		
Lake Brianastad AL 13535-4328			14 Other (see enclosed Notice to Employee)				1			
							E .	522		
						12d	12d			
							E	306		
f Employee's address and ZIP code										
15 State Employer's state ID number 16 State	ate wages, tips, etc. 17 St	tate income tax	18	B Local wages, tips,	etc. 1	9 Local inc	come tax	20 Lo	cality name	
SD 855-65-439 598	337.4 427	71.64	1	09369.97	2	23641	.13	Finl	ey Island	
UT 264-75-536 634	105.02 481	18.58	1	13829.29	1	L3596	.84	Smit	h Valleys	

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.

R	LIOUOLD . 7	cial 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							
	AIEMEN	92-69-3156	OMB No	OMB No. 1545-0008 this income is taxable and you fail to report it.							
	<b>b</b> Employer identification number			1 V	1 Wages, tips, other compensation			Federal income tax withheld			
	63-9858977			125261.12			33952.65				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Harris Inc LLC			141274.57			10807.5					
58548 Danielle Street Apt. 194 Lawrencechester WA 98499-2537			5 Medicare wages and tips 159561.49			6 Medicare tax withheld 4627.28					
										7 Social security tips	
							141274.57			159561.49	
d Control number			9 Advance EIC payment			10 Dependent care benefits					
3344920			l				253				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Matthew Morgan			162 13 Statutory Retirement Third-party			H 1628					
6959 Morris Mountains Suite 264 Lake Brianastad AL 13535-4328			employee plan sick pay			н 904					
			14 (	Other (see enclosed Notice to Employ	ree)	12c	1				
			ļ			E 522					
				l		•	12d				
						E	306				
	yee's address and ZIP code			L	<u></u>						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		10 = 100		_ocal income tax	20 Locality name			
SD	855-65-439	59837.4	4271.64		109369.97 2		23641.13		Finley Island		
UT	264-75-536	63405.02	4818.58		113829.29	13596.84			Smith 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

