REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					RS Website		
STATEMENT 329-48-6676	OMB No.	1545-0008	FAST! Use		'file	at www.ir	s.gov/efile.		
b Employer identification number		1 Wag	es, tips, other compensation		2 Federal	l income tax	withheld		
51-7913486			240069.0			88548.58			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Moran Ltd LLC			226557.02			17331.61			
022 Mccoy Harbors Stevenburgh CA 78068-2630			care wages and tips		6 Medicare tax withheld				
			85726.52		8286.07				
			7 Social security tips			8 Allocated tips			
			226557.02			285726.52			
d Control number		9 Adva	nce EIC payment		10 Depend	dent care be	nefits		
9521983						136			
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12				
Juan Sutton		295			9086				
		13 Statutory Retirement Third-party employee plan sick pay			12b				
863 Johnson Burgs Suite 538		employee	X		D	781			
Port Alvintown AZ 47466-4014			14 Other (see enclosed Notice to Employee)			i i			
1010 1111 11100 1011					н	165			
					12d				
					G	108			
f Employee's address and ZIP code				-		100			
	17 State income tax	18	Local wages, tips, etc.	19 Lo	ocal income tax	1	20 Locality name		
HI 895-41-491 113261.13	3891.85	2	94734.55	254	403.59		Eric Street		
SD 090-70-400 110128.55	4859.89	2	89995.66	342	252.66		Shannon Flat		

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

5010

Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

R	EISSUED	a Employee's soci	•		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					
	ATEMENT	32	29-48-6676	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.					
b Employ	er identification number				1	Wages, tips, other compensation		2 Federal	income ta	x withheld
51-7913486			240069.0			88548.58				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Moran Ltd LLC				226557.02			17331.61			
022 Mccoy Harbors				5 Medicare wages and tips			6 Medicare tax withheld			
Stevenburgh CA 78068-2630			285726.52			8286.07				
			7 Social security tips			8 Allocated tips				
				226557.02			285726.52			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
9	9521983								136	
e Employ	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Juan Sutton 863 Johnson Burgs Suite 538			295 13 Statutory Retirement Third-party			9086				
			employee plan sick pay			D	781			
1	Port Alvintown AZ 47466-4014			14 Other (see enclosed Notice to Employee)			12c	ı		
TOTO HEVERICOWN HE 4/400 4014			1			н	165			
							Ī	12d	i.	
						G	108			
f Employ 15 State	ree's address and ZIP con Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	140 1	ocal income tax		00
			9			9				20 Locality name
HI	895-41	L-491	113261.13	3891.85		294734.55	25	403.59		Eric Street
SD	090-70	0-400	110128.55	4859.89		289995.66	34	252.66		Shannon Flat

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

