REISSUED a Employee's	s social security number		Safe, Accurate,					Visit the IRS Website				
STATEMENT	583-66-9798	OMB N	o. 1545-000	98 FAST! Use			le)	at www.ir	s.gov/efile.			
b Employer identification number	1 Wages, tips, other compensation				2 Federal income tax withheld							
62-3909366		165066.75	2	24063.24								
c Employer's name, address, and ZIP code	3 Sc	ocial security wages	4 Social security tax withheld									
Watkins LLC LLC	214284.97				16392.8							
280 Holly Walk	5 M	edicare wages and tips	6 Medicare tax withheld									
Parsonsville ID 21609-3962				121475.15		3522.78						
Parsonsville ID 21609-3962				7 Social security tips				8 Allocated tips				
	214284.97				121475.15							
d Control number	9 Advance EIC payment 10 Dependent care benefits					nefits						
676329					124							
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
				184			D 3979					
Kevin Ruiz	13 Statuto		12b									
7042 Michelle Gardens Suite 193				employee plan sick pay				233				
Port Christopher AL 02560-6157				ther (see enclosed Notice	e to Employee)	12c	í					
Toro omriboopher in order order							546					
							12d					
							E	818				
f Employee's address and ZIP code							Ŀ	919				
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	1	18 Local wages, tips, e	tc. 19	Docal inc	come tax		20 Locality	name		
AR 326-38-038	75733.57	5958.87		179433.88	2	5922	. 98		Jones	View		
MI 659-70-264	77987.31	5593.55		168341.01	2	9991	.01		Bailey C	rchard)		

Wage and Tax

Form W-2 Statement

5010

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.

RE	EISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required									
	ATEMENT	58	33-66-9798	OMB N	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					
62-3909366					165066.75					24063.24				
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld				
Watkins LLC LLC					214284.97					16392.8				
280 Holly Walk Parsonsville ID 21609-3962				5 Medicare wages and tips					6 Medicare tax withheld					
				121475.15					3522.78					
				7 Social security tips					8 Allocated tips					
					214284.97					121475.15				
d Control number					9 Advance EIC payment					10 Dependent care benefits				
676329									124					
e Employee's first name and initial Last name				11 Nonqualified plans					12a See instructions for box 12					
					184					D 3979				
Kevin Ruiz				13 Statutory Retirement Third-party					12b					
7042 Michelle Gardens Suite 193			employee plan sick pay				D 233							
			14 (Other (see e	nclosed Noti	ce to Employ	(ee)	12c						
Port Christopher AL 02560-6157			' `	2 226) 13118	1010300 14011	oc to Employ	(00)							
			!					546						
									12d		İ			
									E	818				
f Employee's address and ZIP code										•				
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local	wages, tips,	etc.	19 L	ocal inc	ome tax		20 Locality	/ name
AR	326-38	3-038	75733.57	5958.87		179433.88 2			25	25922.98			Jones	View
MI	659-70)-264	77987.31	5593.55		168341.01		29	29991.01			Bailey (Orchard	

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

