| REISSUED a Employee's social security number                            |                | Safe, Accurate,                                     | RSQ 4510           | Visit the IRS Website           |  |  |  |
|---|----------------|---|--------------------|---------------------------------|--|--|--|
| STATEMENT 827-37-3673   | OMB No. 1545-0 | 0008 FAST! Use                                      | **E ~ file         | at www.irs.gov/efile.           |  |  |  |
| <b>b</b> Employer identification number                                 | 1              | Wages, tips, other compensation                     | 2 Feder            | al income tax withheld          |  |  |  |
| 41-2821062  |                | 230303.03   | 4188               | 41883.64                        |  |  |  |
| c Employer's name, address, and ZIP code                                | 3              | Social security wages                               | 4 Social           | 4 Social security tax withheld  |  |  |  |
| Moreno LLC and Sons   |                | 280616.73   | 2146               | 21467.18                        |  |  |  |
| 090 Christopher Club Suite 015  | 5              | Medicare wages and tips                             | 6 Medic            |                                 |  |  |  |
| Jenniferfort CT 88432-6278  |                | 265529.53   | 0 411              | 7700.36                         |  |  |  |
| 56mile1010 01 00132 0270  | 7              | Social security tips                                | 8 Alloca           | 8 Allocated tips                |  |  |  |
| I Outube educ   | 9              | 280616.73   | 40 - 5             | 265529.53                       |  |  |  |
| d Control number  |                | Advance EIC payment                                 | 10 Deper           | ndent care benefits             |  |  |  |
| 3378051   | 11             |   |                    | 137                             |  |  |  |
| e Employee's first name and initial Last name                           |                | Nonqualified plans                                  | 12a See ii         | 12a See instructions for box 12 |  |  |  |
| Melanie Martinez  |                | 115   | н                  | н 8699                          |  |  |  |
|   |                | tutory Retirement Third-par<br>ployee plan sick pay | ty 12b             | _                               |  |  |  |
| 79663 Christopher Gateway Suite 832                                     |                | Notice plan Sick pay                                | G                  | 777                             |  |  |  |
| Evansburgh AK 99129-8456  | 14             | Other (see enclosed Notice to Empl                  | oyee) 12c          | 1                               |  |  |  |
| Ivanosaryii iii. 33123 0100   |                |   |                    | 390                             |  |  |  |
|   |                |   | 12d                | 12d                             |  |  |  |
|   |                |   | E                  | 844                             |  |  |  |
| f Employee's address and ZIP code                                       |                |   |                    | -1                              |  |  |  |
| 15 State Employer's state ID number 16 State wages, tips, etc. 17 State | e income tax   | 18 Local wages, tips, etc.                          | 19 Local income ta | ax 20 Locality name             |  |  |  |
| VT 812-50-640 123232.6 4941   | . 49           | 285140.12   | 39612.43           | Rhonda Spur                     |  |  |  |
| OK 571-53-668 125279.67 5156  | 5.5            | 285426.39   | 40207.01           | Rodney Lodge                    |  |  |  |

Wage and Tax Statement 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 soci | al security number         |                       |   | This information is   |                                 |                                |     |     |             |        |
|---|-------------------|----------------------------|-----------------------|---|-----------------------|---------------------------------|--------------------------------|-----|-----|-------------|--------|
| STATEMENT                                     | 82                | 27-37-3673                 |                       | 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. |                       |                                 |                                |     |     |             | you if |
| <b>b</b> Employer identification number       |                   |                            | 1                     | Wages, tips, other comp   | ensation              | 2                               | 2 Federal income tax withheld  |     |     |             |        |
| 41-2821062                                    |                   |                            |                       | 230303.03   |                       |                                 | 41883.64                       |     |     |             |        |
| c Employer's name, address, and ZIP code      |                   |                            | 3                     | 3 Social security wages   |                       |                                 | 4 Social security tax withheld |     |     |             |        |
| Moreno LLC and Sons                           |                   |                            |                       | 280616.73   |                       |                                 | 21467.18                       |     |     |             |        |
| 090 Christopher Club Suite 015                |                   |                            | 5                     | l   |                       |                                 | 6 Medicare tax withheld        |     |     |             |        |
| Jenniferfort CT 88432-6278                    |                   |                            | 265529.53             |   |                       | 7700.36                         |                                |     |     |             |        |
| Jenniferiort CT 88432-6278                    |                   |                            | 7                     | 7 Social security tips  |                       |                                 | 8 Allocated tips               |     |     |             |        |
|   |                   |                            |                       | 280616.73   |                       |                                 | 265529.53                      |     |     |             |        |
| d Control number                              |                   |                            | 9                     | 9 Advance EIC payment   |                       |                                 | 10 Dependent care benefits     |     |     |             |        |
| 3378051                                       |                   |                            |                       |   |                       |                                 | 1                              | 137 |     |             |        |
| e Employee's first name and initial Last name |                   | 11                         | 11 Nonqualified plans |   |                       | 12a See instructions for box 12 |                                |     |     |             |        |
|   |                   |                            |                       | 115   |                       |                                 | н 8699                         |     |     |             |        |
| Melanie Martinez                              |                   | 13 State                   |                       | Third-party   | 12b                   |                                 |                                |     |     |             |        |
| 79663 Christopher Gateway Suite 832           |                   |                            | emp                   | employee plan sick pay  |                       |                                 | G 7                            | 777 |     |             |        |
| Townshowsh 27 00100 0450                      |                   |                            | 14                    | Other (see enclosed Not   | ce to Employee        | 12c                             |                                |     |     |             |        |
| Evansburgh AK 99129-8456                      |                   |                            |                       |   |                       |                                 | 390                            |     |     |             |        |
|   |                   |                            | 12d                   |   |                       |                                 |                                |     |     |             |        |
|   |                   |                            | 1                     |   |                       |                                 |                                |     |     |             |        |
|   |                   |                            |                       |   |                       |                                 |                                | E 8 | 844 |             |        |
| f Employee's address and ZIP co               |                   |                            |                       |   |                       |                                 |                                |     |     |             |        |
| 15 State Employer's state ID r                |                   | 16 State wages, tips, etc. | 17 State inco         |   | 18 Local wages, tips, |                                 | 9 Local inco                   |     |     | 20 Locality | name   |
| VT 812-5                                      | 0-640             | 123232.6                   | 4941.4                | 9   | 285140.12             | 3                               | 9612.                          | 43  |     | Rhonda      | Spur   |
| OK 571-5                                      | 3-668             | 125279.67                  | 5156.5                | j   | 285426.39             | 4                               | 0207.                          | 01  |     | Rodney      | Lodge  |

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

