REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website									
STATEMENT	21	.6-56-9465	OMB N	o. 1545-0	008 FAST! Us	e e		16	at www.ii	s.gov/efile).		
b Employer identification number				1	Wages, tips, other comp	ensation	2	Federal	income tax	withheld			
40-9373327	122549.95				29153.11								
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld					
Harris-Brown LLC					140613.64			10756.94					
0512 Cooper Summit Apt. 587					5 Medicare wages and tips				6 Medicare tax withheld				
					127750.18				3704.76				
Perezberg OH 00543-5228				7 Social security tips			8						
				140613.64				127750.18					
d Control number					Advance EIC payment		10	Depend	lent care be	enefits			
242525								295					
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
					148				7708				
Tara Briggs					13 Statutory Retirement Third-party								
5569 Myers Forge Suite 244					employee plan sick pay			G 633					
Shermanview AK 70645-2441					14 Other (see enclosed Notice to Employee)								
									н 886				
							12d		000				
								_	750				
								E	750				
f Employee's address and ZIP code 15 State Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips,	etc f	19 Local in	come tax		20 Locality	/ name		
AZ 900-45		64374.28	4868.43		3.7,1			3411.86					
A4 900-43	- 190	043/4.20	4000.43		150112.61		23411	74TT.00			Row		
AZ 426-54	-733	61145.1	5594.4	99900.53		14973.5			Parker	Hollow			

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.

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	2:	16-56-9465	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				
40-9373327					122549.95			29153.11				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Harris-Brown LLC					140613.64			10756.94				
0512 Cooper Summit Apt. 587				5 1	6 Medicare tax withheld							
Perezberg OH 00543-5228							3704.76					
16162De19 Oil 00040 0220					7 Social security tips			8 Allocated tips				
					140613.64			127750.18				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	242525									295		
e Employee's first name and initial Last name					11 Nonqualified plans 12a See ins					structions for box 12		
				148			7708					
Tara Briggs					13 Statutory Retirement Third-party							
5569 Myers Forge Suite 244					employee plan sick pay			G 633				
Shermanview AK 70645-2441					14 Other (see enclosed Notice to Employee)			12c				
Discindiffer Int 70045 2441				н 886								
							-	12d	l			
									E	750		
f Emplo	oyee's address and ZIP cod	de					-		l			
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal inco	me tax		20 Locality	/ name
AZ	900-45	796	64374.28	4868.43	150112.61 23		23	3411.86			Mary	Row
AZ	426-54	1-733	61145.1	5594.4		99900.53	14	973.	5		Parker	Hollow

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

