REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT 856-	-08-9428	OMB No	o. 1545-00	008 FAS	Γ! Use	G~II	ile)	at www.i	rs.gov/efile.	
b Employer identification number		·	1 \	Wages, tips, other	compensation	2	Federa	l income tax	withheld	
54-6668358				215831	11	ţ	5201	9.34		
c Employer's name, address, and ZIP code			3 8	Social security was	ges	4	Social	security tax	withheld	
Marshall-Marshall LLC			161242.1				12335.02			
724 Benjamin Inlet			5 Medicare wages and tips				6 Medicare tax withheld			
South Gavin OH 91332-9136			200936.76				5827.17			
South Gavin on 91332 9130			7 Social security tips			8	8 Allocated tips			
			_	161242	_				36.76	
d Control number			9 /	Advance EIC payr	nent	10	Depen	dent care be	enefits	
4005369								296		
e Employee's first name and initial Last name			11 1	Nonqualified plans		12a	See in	structions t	or box 12	
			229				4858			
Christopher Romero			13 Statu			12b				
3425 Munoz Village S	Suite 319		empi	oyee plan	sick pay		н	947		
Parkerstad IL	91950-0540		14 (Other (see enclose	ed Notice to Employ	ree) 12c				
							н	431		
						12d		ı		
							G	979		
f Employee's address and ZIP code										
	State wages, tips, etc.	17 State income tax		18 Local wages		19 Local in		(20 Locality name	
SC 914-50-894 10	05728.32	10486.46		211639	44	40953	3.48		Rios Mountain	
VA 239-71-405 10	06414.58	11501.89		153999	66	37821	.01		Kathleen Fall	

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.

DE	ISSUED	a Employee's socia	I security number			This information is being furnis	hed to th	he Internal Rev	enue Serv	ice. If you are required	
	IOOOLD		66-08-9428	OMB N	OMP No. 1545 0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if						
	STATEMENT 856-08-9428 OMB No Employer identification number			this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld							
· ·				' ' ' ' '							
_	4-6668358				215831.11			52019.34			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Marshall-Marshall LLC			161242.1			12335.02					
724 Benjamin Inlet South Gavin OH 91332-9136			5 Medicare wages and tips			Medicare tax withheld					
			200936.76			5827.17					
			7 Social security tips			8 Allocated tips					
				161242.1			200936.76				
d Control n	number				9 A	dvance EIC payment		10 Depend	lent care be	enefits	
4	005369								296		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Christopher Romero			229			4858					
			13 Statutory Retirement Third-party			12b					
3425 Munoz Village Suite 319			empl	byee plan sick pay		н	947				
5425 Mulioz VIIIage Suice 519			يار				941				
Parkerstad IL 91950-0540			14 Other (see enclosed Notice to Employee)			12c					
						H	431				
								12d			
								G	979		
							-	<u> </u>	919		
15 State	e's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 10	cal income tax		20 Locality name	
SC	914-50		105728.32	10486.46		211639.44		953.48		,	
ಎ೦	914-50	-03 4	103/20.32	10400.40		211039.44	409	,55.46		Rios Mountain	
VA	239-71	-405	106414.58	11501.89		153999.66	378	321.01		Kathleen Fall	

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

