REISSUED	a Employee's soc	ial security number			Safe, Acc	urate,		Visit the	IRS Website		
STATEMEN	г 1	80-35-9883	OMB N	No. 1545-00	008 FAST! U	se	er file	at www.i	irs.gov/efile.		
b Employer identification number				1 \	1 Wages, tips, other compensation			Federal income tax withheld			
67-8192415					194311.43			28480.07			
c Employer's name, addr	ess, and ZIP code			3 8	3 Social security wages			4 Social security tax withheld			
Moore-Hunt LLC					203333.04			15554.98			
507 Terry Street				5 N	Medicare wages and tip		6 Medi				
Lopezmouth KS 92264-3713			<u> </u>	190743.88			5531.57				
Hopezmouch RS 92204-5/15				7 Social security tips			8 Alloc	8 Allocated tips			
					203333.04			190743.88			
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits			
7326305								273			
e Employee's first name and initial Last name				11 1	11 Nonqualified plans			12a See instructions for box 12			
Tina Budawaan					135			E 6898			
Lisa Anderson					13 Statutory Retirement Third-party employee plan sick pay			i			
016 Pam Stravenue Apt. 006				X	x			E 457			
Lake Lisabury DE 19346-8630					14 Other (see enclosed Notice to Employee)			ĺ			
								557			
							12d	ĺ			
								155			
f Employee's address an		T .	T -		<u> </u>	<u></u>			,		
	tate ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,		9 Local income t		20 Locality name		
NJ 09	4-05-154	90806.08	9488.78		197363.4	2	20687.35	<u> </u>	Andrew Passage		
NJ 89	6-92-467	102177.97	8173.04		144441.4		24255.39		Ryan Fields		

Wage and Tax Statement

Form W-2

5070

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.

REISSUED	a Employee's socia	al security number								ce. If you are required	
STATEMENT	400 0- 0000			MB No. 1545-00	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 V	ages, tips, other comp	ensation	2	Federal income tax withheld			
67-8192415					194311.43			28480.07			
c Employer's name, address, and ZIP code				3 S	3 Social security wages			4 Social security tax withheld			
Moore-Hunt LLC					203333.04			15554.98			
507 Terry Street				5 N	gg			6 Medicare tax withheld			
_				190743.88			5531.57				
Lopezmouth KS 92264-3713				7 S	7 Social security tips			8 Allocated tips			
					203333.04			190743.88			
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits			
7326305									273		
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12			
					135			E 6898			
Lisa Anderson					13 Statutory Retirement Third-party						
016 Pam Stravenue Apt. 006				X	employee plan sick pay			E	457		
Lake Lisabury DE 19346-8630					14 Other (see enclosed Notice to Employee)			·			
Hake Hisabury DE 19340 0030								D	557		
								12d			
									155		
f Employee's address and ZIP code							-		133		
15 State Employer's state ID no		16 State wages, tips, etc.	17 State income	e tax	18 Local wages, tips,	etc. 1	9 Local inc	ome tax		20 Locality name	
NJ 094-05		90806.08	9488.78		= ' ' '			0687.35		Andrew Passage	
			· 							L	
NJ 896-92	2-467	102177.97	8173.04		144441.4	2	24255	. 39		Ryan Fields	

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

