REISSUED a Employee's social security number		Safe, Accurate,		RS Website		
STATEMENT 117-37-3899	OMB No. 1545-0	008 FAST! Use	at www.ir	s.gov/efile.		
b Employer identification number	1	Wages, tips, other compensation	Federal income tax	withheld		
25-6831053		245669.28	56028.06	56028.06		
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax v	4 Social security tax withheld		
Gallegos Ltd Inc		294396.72	22521.35	22521.35		
90768 Coleman Pines Suite 759		Medicare wages and tips				
Margaretside WI 43618-5331		207643.21		6021.65		
Margarecorde Wr 45010 5551	7	Social security tips	· ·	8 Allocated tips		
	9	294396.72		207643.21		
d Control number		Advance EIC payment	10 Dependent care be	nefits		
9517174	11			113		
e Employee's first name and initial Last name		Nonqualified plans	12a See instructions for	12a See instructions for box 12		
Andrea Johnson		176	D 6130			
		utory Retirement Third-party	12b			
363 Little Prairie	emp	loyee plan sick pay	373			
Pearsonhaven WI 08035-8953		Other (see enclosed Notice to Employ	/ee) 12c			
			P 948			
			12d			
			G 201			
f Employee's address and ZIP code			•			
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 tax	20 Locality name		
FL 394-15-560 111309.33 8510	0.71	290147.46	45285.0	Allison Falls		
KS 084-95-989 110917.7 7539	9.1	277726.12	37599.11	Anderson Plains		

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.

The members of sorry running to the months revenue corner.

Cut here. Keep lower portion for your records.

R	EISSUED a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required													
	/ \ 1 = \ = \	17-37-3899	OMB No	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 Employ	er identification number			1 Wages, tips, other compensation			Federal income tax withheld										
25-6831053			245669.28			56028.06											
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld											
Gallegos Ltd Inc			294396.72			22521.35											
90768 Coleman Pines Suite 759 Margaretside WI 43618-5331			5 Medicare wages and tips 207643.21 7 Social security tips			6 Medicare tax withheld 6021.65 8 Allocated tips											
												294396.72			207643.21		
									d Control number			9 Advance EIC payment			10 Dependent care benefits		
!	9517174						113										
e Employ	ree's first name and initial Last nam	ie		11 Nonqualified plans			12a See instructions for box 12										
No dono a Tabanana		176			D 6130												
Andrea Johnson			13 Statu			12b	1										
363 Little Prairie						373											
Pearsonhaven WI 08035-8953			14 (other (see enclosed Notice to Employ	ree)	12c	i										
					P	948											
							12d	1									
							G	201									
	ree's address and ZIP code	1							•								
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax	:	20 Locality name								
FL	394-15-560	111309.33	8510.71		290147.46	45	285.0		Allison Falls								
KS	084-95-989	110917.7	7539.1	277726.12 37599.11 Anderson Pla		Anderson Plains											

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

