RE	REISSUED a Employee's social security number				Safe, Accurate,						Visit the	IRS Website	
STA	TEMENT	63	39-89-6885	OMB N	lo. 1545-0	0008 FAST	! Use	G		e	at www.i	rs.gov/efile.	
b Employer	identification number				1	Wages, tips, other	compensation		Federal income tax withheld				
68	3-0224396					136953.89				44507.84			
c Employer'	's name, address, and Z	IP code			3	3 Social security wages				4 Social security tax withheld			
Vega LLC LLC					101028.32				7728.67				
1811 Alison Crossing					5 Medicare wages and tips				6 Medicare tax withheld				
-				169919.88				4927.68					
Watsonland IL 73593-3648					7	7 Social security tips			8 Allocated tips				
					101028.32				169919.88				
d Control number					9 Advance EIC payment				10 Dependent care benefits				
88	8886667								188				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
					134				3322				
N:	Nicole Fitzgerald				13 Statutory Retirement Third-party employee plan sick pay				12b				
71351 Smith Garden New Maria UT 18229-2052					14 Other (see enclosed Notice to Employee)				G 31				
									12c				
											575		
									12d				
										н	61.4		
								-		п	614		
15 State	s's address and ZIP code Employer's state ID nur		16 State wages, tips, etc.	17 State income tax		18 Local wages	tins etc	19 [ocal inco	ome tax		20 Locality name	
NV	860-00		73810.12	4175.55		, , , , , , , , , , , , , , , , , , ,			26952.65			Green Brook	
								+=-				223011 2230K	
ОН	210-73	-140	67621.62	6125.53		163160.56 2		25	25749.54			Felicia Cove	

Wage and Tax

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.

F	REISSUED a Employee's social 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							
_	TATEMENT 039 09 0003			this income is taxable and you fail to report it.								
b Emplo	b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
	68-0224396					136953.89			44507.84			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Vega LLC LLC					101028.32			7728.67				
1811 Alison Crossing					5	Medicare wages and tips	6 Medicare tax withheld					
-						169919.88	4927.68					
	Watsonland IL 73593-3648					Social security tips	8 Allocated tips					
						101028.32	169919.88					
d Contro	d Control number					9 Advance EIC payment 10 Dependent care benefits				enefits		
	8886667								188			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Wissle Witemansld				134			3322					
	Nicole Fitzgerald 71351 Smith Garden New Maria UT 18229-2052					tory Retirement Third-party oyee plan sick pay	12b	i				
									G 317			
						14 Other (see enclosed Notice to Employee)			12c			
New Maria of 10225 2002							575					
								12d	1			
								н	614			
	yee's address and ZIP code		т .			1				1		
15 State	Employer's state ID num		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name		
NV	860-00-	-457	73810.12	4175.55		133398.35	26	952.65		Green Brook		
ОН	210-73-	-140	67621.62	6125.53	163160.56			749.54	Felicia Cove			

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

