REISSUED a Employee's social security no	umber		Safe, Accu	rate,		Visit the IRS Website				
STATEMENT 018-83-	5504	OMB No. 1545-0	008 FAST! Use		~file >	at www.irs.gov/efile.				
<b>b</b> Employer identification number		1	Vages, tips, other comper	sation	2 Federal	income tax withheld				
84-6745881			233092.51			53325.65				
c Employer's name, address, and ZIP code		3	3 Social security wages			4 Social security tax withheld				
Duran LLC LLC			229930.7			17589.7				
9349 Dudley Mission			5 Medicare wages and tips			6 Medicare tax withheld				
North Anthonyborough WY 33184-0223			197007.42		5713.22					
			Social security tips		8 Allocated tips					
		229930.7			197007.42					
d Control number			9 Advance EIC payment			10 Dependent care benefits				
9056803						253				
e Employee's first name and initial Last name		11	lonqualified plans		12a See ins	tructions for box 12				
			220		P	3993				
Mr. Ronald		13 State		Third-party	12b					
58152 Williams Pine Prattmouth OK 55009-9550			oyee plan	sick pay		654				
			14 Other (see enclosed Notice to Employee)							
					н	477				
			!			12d				
					E	133				
f Employee's address and ZIP code						133				
1 1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ages, tips, etc. 17 State	income tax	18 Local wages, tips, et	c. 19	Local income tax	20 Locality name				
FL 300-82-503 12073	33.31 6020	. 35	291079.66	31	L700.74	Parker Isle				
KY 675-42-959 11995	57.27 5541	. 37	167230.25	43	3195.74	Stacey Mews				

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.

RI	EISSUED	a Employee's socia	-		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								
ST	ATEMENT	01	18-83-5504	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.								
<b>b</b> Employe	er identification number				1	1 Wages, tips, other compensation			Federal income tax withheld				
8	84-6745881					233092.51			53325.65				
c Employer's name, address, and ZIP code			3	3 Social security wages			4 Social security tax withheld						
Duran LLC LLC					229930.7			17589.7					
9349 Dudley Mission				5 Medicare wages and tips				6 Medicare tax withheld					
<u> </u>				197007.42				5713.22					
North Anthonyborough WY 33184-0223			7 Social security tips				8 Allocated tips						
				229930.7				197007.42					
d Control number			9 Advance EIC payment				10 Dependent care benefits						
9	056803										253		
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12						
Mr. Ronald			220 13 Statutory Retirement Third-party				P 3993						
58152 Williams Pine Prattmouth OK 55009-9550			employee plan sick pay						654				
			14	Other (see enclosed N	otice to Employ	yee)	12c	1					
							1	н	477				
							12d						
							]	E	133				
	ee's address and ZIP coo		T	T		T						T	
<b>15</b> State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tip	•	" -	ocal incor			20 Locality	
FL	300-82	2-503	120733.31	6020.35		291079.66 31		31'	31700.74			Parker	Isle
KY	675-42	2-959	119957.27	5541.37		167230.2	5	43:	195.	74		Stacey	Mews

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

