| | EISSUED a Employee's social security number | | | | Safe, Accurate, OMB No. 1545-0008 FAST! Use | | | | Visit the IRS Website | | | | | |
|--|---|--|----------------------------|---------------------|---|--|-------------------|------|-----------------------|---|-----------|--------------|-------|--|
| | ATEMENT | 86 | 59-11-4881 | OMB N | | | FAST! Us | | | | | rs.gov/efile | ١. | |
| b Employer identification number | | | | | | 1 Wages, tips, other compensation | | | | Federal income tax withheld | | | | |
| 50-9440147 | | | | | | 223441.9 | | | | 71253.59 | | | | |
| c Employer's name, address, and ZIP code | | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | | |
| Hansen-Solis Ltd | | | | | | | 222086.63 | | | | 16989.63 | | | |
| 2523 James Dam Gambleside AR 62604-5094 | | | | | 5 Medicare wages and tips | | | | 6 | | | | | |
| | | | | | 270944.44 | | | | | 7857.39 | | | | |
| | | | | | 7 Social security tips | | | | 8 | 8 Allocated tips | | | | |
| | | | | | | | 222086.63 | | | | 270944.44 | | | |
| d Control number | | | | | | 9 Advance EIC payment | | | | 10 Dependent care benefits | | | | |
| 2164935 | | | | | | | | | | | 289 | | | |
| e Employee's first name and initial Last name | | | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | |
| Laura Brown | | | | | | 289 | | | | 4189 | | | | |
| | aura brow | 13 Statutory Retirement Third-party employee plan sick pay | | | | | 12b | | | | | | | |
| 580 Ferguson Knoll Deannaport IA 65687-2281 | | | | | | | | | | | D 354 | | | |
| | | | | | | 14 Other (see enclosed Notice to Employee) | | | | | 1 | | | |
| | | | | | | | | | | 294 | | | | |
| | | | | | | | | | | 12d | | | | |
| | | | | | | | | | | E | 560 | | | |
| f Employe | e's address and ZIP cod | е | | | | | | | | | | | | |
| 15 State | Employer's state ID nu | mber | 16 State wages, tips, etc. | 17 State income tax | | 18 Loca | al wages, tips, e | etc. | 19 Local in | come tax | | 20 Locality | name | |
| DE | 851-34 | -028 | 108292.57 | 9402.94 | | 221 | 543.52 | | 31965 | .26 | | Mia I | sland | |
| MD | 837-00 | -707 | 118387.25 | 10171.37 | | 221 | 921.48 | | 22872 | .73 | | Brown | Knoll | |

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.

| R | EISSUED | a Employee's socia | al security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | | |
|--|---|--------------------|----------------------------|---------------------|---|-------------------------|----------------------|------|-------------------------------|---------------------------------|------------------|--|--|
| ST | ATEMENT | 86 | 59-11-4881 | OMB N | 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 Employer identification number | | | | | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | | |
| 50-9440147 | | | | | | 223441.9 | | | | 71253.59 | | | |
| c Employer's name, address, and ZIP code | | | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | |
| Hansen-Solis Ltd | | | | | | 222086.63 | | | | 16989.63 | | | |
| 2523 James Dam Gambleside AR 62604-5094 | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | |
| | | | | | 270944.44 | | | | 7857.39 | | | | |
| | | | | | 7 Social security tips | | | | 8 Allocated tips | | | | |
| | | | | | 222086.63 | | | | 270944.44 | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | | 10 Dependent care benefits | | | | |
| : | 2164935 | | | | | | | | | 289 | | | |
| e Employ | e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | |
| Laura Brown | | | | | | 289 | | | | 4189 | | | |
| | | | | | | atutory Retir | ement Third-party | 12b | | | | | |
| 580 Ferguson Knoll Deannaport IA 65687-2281 | | | | | employee plan sick pay | | | | D 354 | | | | |
| | | | | | 14 | 0:1 | sed Notice to Employ | | 12c | 334 | | | |
| | | | | | 14 | Other (see encid | sea Notice to Employ | /ee) | 120 | İ | | | |
| | | | | | | | | | | 294 | | | |
| | | | | | | | | | 12d | i | | | |
| | | | | | | | | | | 560 | | | |
| f Employ | ee's address and ZIP cod | le | | | | | | | | | | | |
| 15 State | Employer's state ID no | ımber | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wag | es, tips, etc. | 19 L | ocal incom | e tax | 20 Locality name | | |
| DE | 851-34 | -028 | 108292.57 | 9402.94 | | 221543 | 3.52 | 31 | 965.2 | :6 | Mia Island | | |
| MD | 837-00 | 707 | 118387.25 | 10171.37 | | 221921 | 48 | 22 | 872.7 | '3 | Brown Knoll | | |

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

