F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website at www.irs.gov/efile								
S	STATEMENT 825-02-7179 OMB No.					0008 FA	ST! Use	U	7 111	6	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld				
20-8508076						157969.18				27747.97			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Nelson Ltd LLC					204376.45				15634.8				
47913 Giles Green North Destinyville IA 17826-3591					5 Medicare wages and tips				6 Medicare tax withheld				
					184470.6				5349.65				
					7 Social security tips				8 Allocated tips				
					204376.45			184470.6					
d Control number					9 Advance EIC payment 10 I				Dependent care benefits				
2281951									105				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
	Richard Robles					135				G 2733			
						13 Statutory Retirement Third-party employee plan sick pay							
993 Holder Valleys New Amberberg MI 50364-7567					X Other (see enclosed Notice to Employee)						559		
									12c				
		_								P	753		
						İ				12d			
									н	834			
f Employee's address and ZIP code													
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			ges, tips, etc.		Local inco			20 Locality name	
NY	212-97	-949	81237.4	3882.3		156928.0 1		17	7980.28			Roberta Lodge	
IL	748-91	-631	71685.74	4208.12		196774.68		19	9044.62			Strickland Station	

Wage and Tax Statement

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							
S	STATEMENT 825-02-7179 OMB No.					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					Wages, tips, other compensation			Federal income tax withheld				
20-8508076						157969.18			27747.97			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Nelson Ltd LLC						204376.45	15634.8					
47913 Giles Green North Destinyville IA 17826-3591					5 N	Medicare wages and tips	6 Medicare tax withheld					
						184470.6	5349.65					
					7 8	Social security tips	8 Allocated tips					
						204376.45	184470.6					
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	2281951								105			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Richard Robles					135			G 2733			
						tory Retirement Third-party	12b	1				
993 Holder Valleys New Amberberg MI 50364-7567					employee plan sick pay				559			
					14 Other (see enclosed Notice to Employee)			12c				
	New Tambersery Till 30301 7307								753			
								12d				
									834			
f Employee's address and ZIP code						T						
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		1.0 = 2.00		Local income tax		20 Locality name		
NY	212-97	7-949	81237.4	3882.3		156928.0		7980.28		Roberta Lodge		
IL	748-91	-631	71685.74	4208.12		196774.68		044.62	Strickland Station			

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

