ME	337-61-3	100300.07	0930.14		104303.01	30	00/1.19	Ga	amble Stream	
ME	557-81-5	106366.67	8938.74		164983.81	30	0071.19			
SD	793-39-4	111707.64	9803.37		205849.19	35	5697.18	Во	nnie Rapid	
15 State	Employer's state ID numbe	9	17 State income tax		18 Local wages, tips, etc.	1.0	Local income tax	20	Locality name	
	e's address and ZIP code									
							D	953		
							12d	I		
102 Moran Prairie Andersonmouth WA 75022-8949					mployee plan sick pay X 14 Other (see enclosed Notice to Employee)			680		
								l		
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								216		
Daniel Compton				13 Statutory Retirement Third-party			12b	2114		
				251			2774			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
9213721				7.Gvance Lio payment			110			
d Control number				9 Advance EIC payment			180280.33			
					207390.45	180286.33				
Lake Katherinestad LA 44800-9300					180286.33 ocial security tips	5228.3 8 Allocated tips				
99	925 Theresa	Road		5 M	edicare wages and tips		6 Medicare tax withheld			
White-Sanchez LLC					207390.45		15865.37			
c Employer's name, address, and ZIP code				3 S	ocial security wages		4 Social security tax withheld			
15-2863841					205110.64		68393.58			
b Employer identification number				1 W	ages, tips, other compensation			I income tax with	nheld	
STA	TEMENT	671-09-6297	OMB No	o. 1545-00	98 FAST! Use		*file	at www.irs.g	ov/efile.	
RE	ISSUED a E	Employee's social security number			Safe, Accurate,	100 -		Visit the IRS	Website	

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.

Cut here. Keep lower portion for your records.

REISSUED	a Employee's s	ocial security number			This information is being furnis						
STATEMENT	•	671-09-6297	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			
15-2863841					205110.64			68393.58			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
White-Sanchez LLC 9925 Theresa Road Lake Katherinestad LA 44800-9300					207390.45	15865.37 6 Medicare tax withheld					
					Medicare wages and tips						
					180286.33 7 Social security tips			5228.3 8 Allocated tips			
					d Control number				9	9 Advance EIC payment	
9213721								110			
e Employee's first name and initial Last name Daniel Compton 102 Moran Prairie				11 Nonqualified plans 251 13 Statutory Retirement Third-party sick pay X X X The other (see enclosed Notice to Employee)			12a See instructions for box 12 2774				
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							Andersonmouth WA 75022-8949				
								P 680			
							12d				
							D	953			
f Employee's address and 15 State Employer's sta		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax		20 Locality name		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3-39-415	111707.64	9803.37		205849.19		697.18		Bonnie Rapi		
ME 55	7-81-576	106366.67	8938.74		164983.81	30	071.19		Gamble Strea		

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

