| REISSUED a Employee's social security numb | er | Safe, Accurate, | Visit the IRS Website | | |
|---|-----------------------------------|--|--------------------------------------|--|--|
| STATEMENT 591-94-64 | 184 OMB | No. 1545-0008 FAST! Use | at www.irs.gov/efile. | | |
| b Employer identification number | • | 1 Wages, tips, other compensation | Federal income tax withheld | | |
| 42-8932192 | | 244659.73 | 67315.27 | | |
| c Employer's name, address, and ZIP code | | 3 Social security wages | 4 Social security tax withheld | | |
| Gomez LLC LLC | | 231245.97 | 17690.32 | | |
| 7764 Ryan Pike Suite 706 | | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| Tinafort AZ 63359-2307 | | 262710.0 | 7618.59 | | |
| 1111a101C AZ 03339-2307 | | 7 Social security tips | 8 Allocated tips | | |
| | | 231245.97 | 262710.0 | | |
| d Control number | | 9 Advance EIC payment | 10 Dependent care benefits | | |
| 592016 | | | 239 | | |
| e Employee's first name and initial Last name | | 11 Nonqualified plans | 12a See instructions for box 12 | | |
| Mathan Dahinaan | | 110 | 7458 | | |
| Nathan Robinson | | 13 Statutory Retirement Third-party | 12b | | |
| 7038 Phillips Lights Sui | te 309 | employee plan sick pay | G 617 | | |
| New Annestad PA 94255-7707 | | 14 Other (see enclosed Notice to Emplo | yee) 12c | | |
| 1.0 1111100 0000 111 011 | | | E 280 | | |
| | | | 12d | | |
| | | | P 228 | | |
| f Employee's address and ZIP code | | | | | |
| 15 State Employer's state ID number 16 State wage | s, tips, etc. 17 State income tax | t 18 Local wages, tips, etc. | 19 Local income tax 20 Locality name | | |
| NE 522-27-533 132764 | .93 14086.56 | 304626.14 | 25085.05 Francis Lane | | |
| ID 403-50-131 124093 | .48 10993.86 | 201976.93 | 42352.39 Anderson Flats | | |

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.

| REISSUED a Employee's social security number | | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | |
|---|----------------------------|---------------------|---|-------------------------------------|-----------------------------------|--------------------------------|------------------|--------------|--|
| STATEMENT | 591-94-6484 | 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 | | | Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 42-8932192 | | | 244659.73 | | | 67315.27 | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Gomez LLC LLC | | | 231245.97 | | | 17690.32 | | | |
| 7764 Ryan Pike Suite 706 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | |
| Tinafort AZ 63359-2307 | | | 262710.0 7 Social security tips | | | 7618.59 8 Allocated tips | | | |
| | | | | | | | | | |
| d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 592016 | | | 239 | | | | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans 12a See insti | | | structions f | or box 12 | | |
| Nathan Robinson | | | 110 | | | 7458 | | | |
| | | | 13 Statutory Retirement Third-party | | | 12b | | | |
| 7038 Phillips Lights Suite 309 | | | employee plan sick pay | | | G 617 | | | |
| New Annestad PA 94255-7707 | | | 14 (| Other (see enclosed Notice to Emplo | yee) | 12c | 1 | | |
| | | | ! | | | E 280 | | | |
| | | | | | | 12d | | | |
| | | | | | | P | 228 | | |
| f Employee's address and ZIP code | | | | | | | | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | ome tax 18 Local wages, tips, etc. 19 L | | Local income tax 20 Locality name | | 20 Locality name | | |
| NE 522-27-533 | 132764.93 | 14086.56 | | 304626.14 25 | | 5085.05 | | Francis Lane | |
| ID 403-50-131 | 124093.48 | 10993.86 | 86 201976.93 42352.39 A | | Anderson Flats | | | | |

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

