REISSUED a Employee's	social security number		Safe, Accurate, Visit the IRS Websit				IRS Website				
STATEMENT	218-72-6137	OMB N	o. 1545-00	008 FAST	Use	5	Tile)	at www.ii	rs.gov/efile.		
<b>b</b> Employer identification number			1 V	Vages, tips, other o	ompensation		2 Federa	I income tax	withheld		
76-1722564			180380.71				55223.01				
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld				
Li LLC LLC 3170 Abbott Centers East Donnatown KS 35487-7602			198726.59				15202.58				
			5 Medicare wages and tips				6 Medicare tax withheld				
			158809.32				4605.47				
			7 Social security tips				8 Allocated tips				
				198726.59				158809.32			
d Control number			9 Advance EIC payment			•	10 Dependent care benefits				
7538618								106			
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12				
Brenda Dixon			257				5361				
			13 Statutory Retirement Third-party employee plan sick pay				12b	i			
6408 Alexandra Points			x				976				
Lake Donnahaven OR 45497-6596			14 Other (see enclosed Notice to Employee)			yee)	12c				
								133			
						<u> </u>	12d				
							D	461			
f Employee's address and ZIP code								1-0-			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages,	tips, etc.	19 Loc	cal income tax	(	20 Locality name		
OR 239-57-546	82890.04	11032.8		177833.	51	325	33.56		Harrison Summit		
MD 609-72-482	93220.45	8164.27		232801.	84	235	54.76		Melissa Summit		

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 se	ocial security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT		218-72-6137	OMB N	MB 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>b</b> Employer identification number			Wages, tips, other compensation			2 Federal income tax withheld				
76-1722564				180380.71			55223.01			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Li LLC LLC				198726.59			15202.58			
3170 Abbott Centers East Donnatown KS 35487-7602			5 Medicare wages and tips			6 Medicare tax withheld				
			158809.32			4605.47				
			7 Social security tips			8 Allocated tips				
				198726.59			158809.32			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
7538618							106			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Brenda Dixon 6408 Alexandra Points			257  13 Statutory Retirement Third-party			5361				
			emp <b>X</b>			124	976			
Lake Donnahaven OR 45497-6596			14 (	Other (see enclosed Notice to Employe	ee)	12c				
							133			
						12d				
						D 461				
f Employee's address and		140 0000 0000	47 000000000000000000000000000000000000		I do I and I am I am I	40.1	12		00.1	
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	
OR 239	-57-546	82890.04	11032.8		177833.51	32.	533.56		Harrison Summit	
MD 609	-72-482	93220.45	8164.27		232801.84	23	554.76		Melissa Summit	

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

