F	REISSUED	a Employee's socia	al security number			Safe, Acc	urate,	0	H	Visit the	IRS Website	
S	TATEMENT	26	88-82-9670	OMB N	No. 1545-000	8 FAST! U	se	e~f	II E	at www.i	rs.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld			
86-7795672						241521.05			27270.65			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Wilson LLC PLC						172605.46			13204.32			
185 Lisa Streets Suite 848						5 Medicare wages and tips			6 Medicare tax withheld			
						263817.03			7650.69			
Staciefurt CO 56943-2924					7 So	7 Social security tips			8 Allocated tips			
						172605.46				2638	17.03	
d Control number						9 Advance EIC payment			10 Dependent care benefits			
3522416									194			
e Employee's first name and initial Last name						11 Nonqualified plans			12a See instructions for box 12			
						275			н 3711			
	Matthew Lu	cero				13 Statutory Retirement Third-party			1			
443 Brett Mill Suite 330					X	/ee plan	sick pay		P	783		
Pattonfurt CA 71799-4075					14 O	her (see enclosed Not	ice to Employe	ee) 12c		1		
									E	524		
								12d		î		
										917		
f Emplo	yee's address and ZIP cod	е								I.		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local i	ncome tax	(20 Locality na	me
MT	240-36	-232	120881.3	7127.72		260782.06	:	24660	0.16		Peterson Ca	anyon
FL	534-24	-044	114997.65	5893.17		206561.83		41968	8.81		Jacob Co	urse
Wage and Tax Statement Department of the TreasuryInternal Revenue Se									ervice			

Statement Form W-2 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						venue Service. If you are required		
STATEMENT 268-82-9670	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			Federal income tax withheld				
86-7795672	241521.05			27270.65				
c Employer's name, address, and ZIP code	3 Social security wages			4 Social security tax withheld				
Wilson LLC PLC	172605.46			13204.32				
185 Lisa Streets Suite 848	5 Medicare wages and tips			6 Medicare tax withheld				
Staciefurt CO 56943-2924		263817.03			7650.69			
Statiefurt CO 56943-2924		7 Social security tips			8 Allocated tips			
	172605.46			263817.03				
d Control number		9 Advance EIC payment			10 Dependent care benefits			
3522416						194		
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12			
		275			н 3711			
Matthew Lucero		13 Statutory Retirement Third-party			12b			
443 Brett Mill Suite 330		emple	yee plan sick pay		P	783		
Datharfront C3 71700 4075		14 Other (see enclosed Notice to Employee)			12c			
Pattonfurt CA 71799-4075					H F0.4			
				_	12d	524		
					120			
						917		
f Employee's address and ZIP code								
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lc	ocal income tax	20 Locality name		
MT 240-36-232 120881.3	7127.72		260782.06	246	660.16	Peterson Canyor		
TT 524 04 044 114007 65	F000 17		006561 00	44.	0.60 01			
FL 534-24-044 114997.65	5893.17		206561.83	415	968.81	Jacob Course		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

