F	REISSUED	a Employee's social security number								Visit the	IRS Web	site		
S	TATEMENT	33	86-94-7091	OMB	No. 1545-0	8000	FAST! Use		≁file	at www.i	rs.gov/efil	e.		
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld					
13-3741380						40762.42				5443.43				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Romero LLC Ltd						33529.23				2564.99				
825 Harris Turnpike Stewartborough NY 43293-2136					5	l meanant mager and apr				6 Medicare tax withheld				
						37554.76				1089.09				
					7 Social security tips				8 Allocated tips					
						33529.23				37554.76				
d Control number					9 Advance EIC payment 10 Dependent care benefits									
	6984610				158									
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12						
				144			н 6037							
Katie Smith 089 Smith Shoal Suite 287					13 Statutory Retirement Third-party employee plan sick pay				12b	1				
					_	X Sink pay				443				
Lake Teresaport ID 38483-4722						14 Other (see enclosed Notice to Employee)								
Zane Telesapore 15 30103 1/12										742				
								12d						
									G	333				
	yee's address and ZIP cod									•				
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	(3, , , , , . ,		19	Local income t	20 Locali	ty name			
NJ	582-81	-947	20867.88	1764.55		39562.9 6		66	6642.83		Emma	Ways		
MS	880-59	-047	20382.49	2278.73		50273.21		81	L38.5	Joel	Points			

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.

F	REISSUED	a Employee's socia	al security number			This information is being furnish							
	STATEMENT 336-94-7091 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may this income is taxable and you fail to report it.							tion may be	imposed	on you if			
b Employer identification number					Wages, tips, other compensation				2 Federal income tax withheld				
13-3741380					40762.42				5443.43				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld					
Romero LLC Ltd					33529.23				2564.99				
825 Harris Turnpike					5 Medicare wages and tips				Medicare tax withheld				
				37554.76				1089.09					
Stewartborough NY 43293-2136					7 Social security tips				8 Allocated tips				
					33529.23				37554.76				
d Control number					9 Advance EIC payment			10 Dependent care benefits					
	6984610								158				
e Emplo	yee's first name and initial	Last name			11 Nonqualified plans			12a See instructions for box 12					
					144				н 6037				
	Katie Smith				13 Statutory Retirement Third-party								
089 Smith Shoal Suite 287 Lake Teresaport ID 38483-4722					x plan sick pay Nother (see enclosed Notice to Employee)				E	443			
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f Employee's address and ZIP code													
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.,,,,,,,,		9 Local income tax			20 Local	•	
NJ	582-81	947	20867.88	1764.55	39562.9		66	6642.83			Emma	Ways	
MS	880-59)_047	20382.49	2278.73		50273.21	Ω1	38.5	5	-	Tool	Points	
1410	20382.49 2278.73		22/0./3		JUZ 1J . ZI	0 T	50.5	,		OGET	FOTHER		

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

