Wage and Tax Statement						Department of the TreasuryInternal Revenue Service						
MS	304-62-	497	42037.74	4357.63		111709.37		.1510.02		Davenport Oval		
ОН	518-16-	660	40294.48	3833.54		110880.4	170	96.45		Johnson Ranch		
	Employer's state ID numb	ber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loc	cal income tax		20 Locality name		
f Employee's	s address and ZIP code						1	12d D	922			
Lake Leon ID 04358-5967					14 01	.s. 1555 Gridosed House to Emple	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		168			
6445 Leah Streets Suite 598					14 Ot	ner (see enclosed Notice to Emplo	ovee) 1	12c	802			
Brandi Rose					13 Statuto employ	ry Retirement Third-party	/ 1	12b				
e Employee's first name and initial Last name						140			5516			
9499162					11 No	nqualified plans		285				
d Control number					<b>9</b> Ac	9 Advance EIC payment			10 Dependent care benefits			
						94808.41			91147.88			
Mahoneyside CO 96019-6146					<b>7</b> Sc	7 Social security tips			8 Allocated tips			
04580 Blevins Drives Suite 624						91147.88			2643.29			
Harris Inc LLC						94808.41  5 Medicare wages and tips			7252.84 6 Medicare tax withheld			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
02-2216588						89407.87			30975.2			
<b>b</b> Employer identification number						1 Wages, tips, other compensation			2 Federal income tax withheld			
STAT	TEMENT	49	0-68-4575	OMB N	lo. 1545-000	8 FAST! Use	6		at www.i	rs.gov/efile.		
REISSUED a Employee's social security number					Safe, Accurate,	ne C		Visit the	IRS Website			

**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.

F	REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
S	TATEMENT	4	90-68-4575	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>b</b> Emplo	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld		
02-2216588					89407.87			30975.2			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Harris Inc LLC					94808.41			7252.84			
04580 Blevins Drives Suite 624 Mahoneyside CO 96019-6146					5 Medicare wages and tips 91147.88 7 Social security tips			6 Medicare tax withheld 2643.29			
											8 Allocated tips
								94808.41			91147.88
					d Contro	d Control number					9 Advance EIC payment
	9499162								285		
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Brandi Rose 6445 Leah Streets Suite 598 Lake Leon ID 04358-5967					140 13 Statutory Retirement Third-party			5516			
					employee plan sick pay  14 Other (see enclosed Notice to Employee)			802			
								12c			
								168			
									12d		
								D 922			
f     Employee's address and ZIP code       15     State     Employer's state ID number     16     State wages, tips, etc.     17     State income tax						I do la color de l	140	Local income tax		100 1	
15 State	* *		16 State wages, tips, etc.			18 Local wages, tips, etc.				20 Locality name	
ОН	518-1	0-660	40294.48	3833.54		110880.4	1.1	096.45		Johnson Ranch	
MS	304-62	2-497	42037.74	4357.63		111709.37	11	.510.02		Davenport Oval	

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

