| F | REISSUED a Employ | ee's social security number | | | Safe, Accurate, | IRS - | 11 E | | | IRS Website | |
|--|------------------------------|-----------------------------|---------------------|-------------------------------------|---|---------|---------------------------------|-----------------------------|------|------------------|--|
| | TATEMENT | 010-37-5686 | OMB N | o. 1545-0008 | | | | e | | rs.gov/efile. | |
| b Employer identification number | | | | 1 Wa | Wages, tips, other compensation | | | Federal income tax withheld | | | |
| | 10-8031472 | | | 1 | 125477.44 | | | 31459.47 | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Foster Ltd LLC | | | | 88029.64 | | | 6734.27 | | | | |
| 35618 Davis Vista Suite 350 | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | |
| | | | | 110367.16 | | | 3200.65 | | | | |
| Lake Robert NC 43602-3954 | | | | 7 Social security tips | | | 8 Allocated tips | | | | |
| | | | | 88029.64 | | | 110367.16 | | | | |
| d Control number | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| | 4091894 | | | | | | 217 | | | | |
| e Emplo | yee's first name and initial | Last name | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| | | | | 175 | | | 2272 | | | | |
| | Daniel Cochran | | | 13 Statutory Retirement Third-party | | | 12b | | | | |
| 93896 Chung Grove Suite 386 | | | | employee plan sick pay | | | | | 830 | | |
| Racheltown NJ 29295-4916 | | | | 14 Oth | er (see enclosed Notice to Em | ployee) | 12c | | I | | |
| | | | | | | | | G | 613 | | |
| | | | | | | | 12d | | 1 | | |
| | | | | | | | | D | 863 | | |
| f Emplo | yee's address and ZIP code | | | | | | | | 1000 | | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 1 | 8 Local wages, tips, etc. | 19 | Local inc | ome tax | (| 20 Locality name | |
| WY | 919-81-039 | 67421.78 | 7304.92 | 9 | 2925.45 | 23 | 3031 | . 57 | | Hannah Villages | |
| ME | 684-12-242 | 63906.03 | 4890.56 | 1 | .24338.14 | 16 | 933 | . 67 | | Sherman Club | |
| Wage and Tax | | | | | Department of the TreasuryInternal Revenue Service | | | | | | |
| Form W. | Statement | | | _ | | | | | | | |

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 soci | ployee's social security number This information is being furnished to the Internal Revenue Service. If you are require: | | | | | | | | |
|---|--|-------------------|--|--|---|----------------------------|--|--------------------------------|-----|------------------|--|
| | TATEMENT | 0: | 10-37-5686 | 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 Emplo | b Employer identification number | | | | Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 10-8031472 | | | | 125477.44 | | | 31459.47 | | | | |
| c Emplo | c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Foster Ltd LLC | | | | 88029.64 | | | 6734.27 | | | | |
| 35618 Davis Vista Suite 350 | | | | 5 Medicare wages and tips 110367.16 7 Social security tips | | | 6 Medicare tax withheld 3200.65 8 Allocated tips | | | | |
| Lake Robert NC 43602-3954 | | | | | | | | | | | |
| | | | | | | | | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| | 4091894 | | | | | | | | 217 | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| | | | | 175 | | | 2272 | | | | |
| | Daniel Cochran | | | | 13 Statutory Retirement Third-party | | | 12b | 1 | | |
| 93896 Chung Grove Suite 386 | | | | | employee plan sick pay | | | | | | |
| Racheltown NJ 29295-4916 | | | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | |
| | | | | | | | G | 613 | | | |
| | | | | | | | | 12d | | | |
| | | | | | | | | D | 863 | | |
| f Emplo | yee's address and ZIP cod | е | | | | | | | | | |
| 15 State | Employer's state ID nu | mber | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 I | Local income | ax | 20 Locality name | |
| WY | 919-81 | -039 | 67421.78 | 7304.92 | | 92925.45 | 23 | 031.5 | 7 | Hannah Villages | |
| ME | 684-12 | -242 | 63906.03 | 4890.56 | | 124338.14 | 16 | 933.6 | 7 | Sherman Club | |

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

