REIS	REISSUED a Employee's social security number				Safe, Accurate,					Visit the IRS Website			
STATE	EMENT	36	34-04-1837	OMB N	o. 1545-0	0008 I	FAST! Us	•	5 ~111	e	at www.i	rs.gov/efile.	
b Employer ider	ntification number				1	1 Wages, tips, other compensation				Federal income tax withheld			
52-	2579011					96053.84				26156.58			
c Employer's na	ame, address, and ZI	P code			3 Social security wages				4	4 Social security tax withheld			
Santiago Ltd LLC					102776.14				7	7862.37			
503 Kayla Plains					5 Medicare wages and tips				6	6 Medicare tax withheld			
					69105.6					2004.06			
ьак	Lake Amyberg FL 11599-3168					7 Social security tips				8 Allocated tips			
					102776.14					69105.6			
d Control number					9 Advance EIC payment			10					
8630634									125				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
Michelle Stephens 0733 Valerie Meadow Karenstad NM 35827-2829					211					D 4075			
					13 Statutory Retirement Third-party sick pay Plan Statutory Plan Third-party sick pay X				12b				
											760		
									ee) 12c	1			
											511		
									12d	12d			
										390			
f Employee's a	ddress and ZIP code										330		
	ployer's state ID num		16 State wages, tips, etc.	17 State income tax	!	18 Local v	vages, tips, e	tc.	19 Local inc	ome tax		20 Locality name	
VA	131-43-	-702	44526.24	2835.2		102635.52 1		12523.72			Kiara Plains		
RI	416-55-	-234	49744.94	2331.08		78126	6.82		17469	. 98		Christine Dam	

Wage and Tax Statement

Form W-2

5070

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
	CLIOGOLD		•	OMB N	OMP No. 1545 0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT 364-04-1837 OMB N b Employer identification number					this income is taxable and you fail to report it.						
	•				1 \	Vages, tips, other compensation		2 Federal income tax withheld				
52-2579011						96053.84		26156.58				
c Emplo	c Employer's name, address, and ZIP code					Social security wages		4 Social security tax withheld				
Santiago Ltd LLC					102776.14			7862.37				
503 Kayla Plains Lake Amyberg FL 11599-3168					5 1	Medicare wages and tips		6 Medicare tax withheld				
						69105.6		2004.06				
					7 3	Social security tips		8 Allocated tips				
						102776.14		69105.6				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	8630634								125			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Michelle Stephens 0733 Valerie Meadow					211			D 4075				
					13 Statu	tory Retirement Third-party		12b				
					emp	byee plan sick pay			760			
0/33 Valerie Meadow									760			
Karenstad NM 35827-2829					14 (Other (see enclosed Notice to Employ	ree)	12c				
								511				
							-	12d				
									390			
							390					
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			D Local income tax 20 Locality name					
			9			3.7,7,7,7				_		
VA	131-43	- /02	44526.24	2835.2		102635.52 1		.2523.72		Kiara Plains		
RI	416-55	-234	49744.94	2331.08	78126.82		17	L7469.98		Christine Dam		

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

