REISSU	REISSUED a Employee's social security number			Safe, Accurate,					Vis	sit the IR	S Website		
STATEM	ENT	22	7-95-3404	OMB N	lo. 1545-0	8000	FAST! Us	e 🔍	<b>e</b> ≁fil	at v	www.irs.	gov/efile.	
<b>b</b> Employer identification	ation number			<u>.</u>	1	1 Wages, tips, other compensation				2 Federal income tax withheld			
59-9490315						219749.0				30090.48			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Moran-Valenzuela LLC						268445.87				20536.11			
1542 Charles Corners					5					6 Medicare tax withheld			
East Davidborough FL 12443-4259					237287.53					6881.34			
					7 Social security tips				8	8 Allocated tips			
					268445.87					237287.53			
d Control number					9 Advance EIC payment			10	10 Dependent care benefits				
5144672										29	90		
e Employee's first name and initial Last name					11 Nonqualified plans				12a	12a See instructions for box 12			
					242					7444			
Tyler Dillon					13 Stat	tutory	Retirement	Third-party sick pay	12b				
63683 David Lodge					X		plan	SICK Pay		9!	59		
New Alison MN 12525-2812				14 Other (see enclosed Notice to Employee)				ee) 12c					
f Employee's address and ZIP code									288				
								12d					
										0.	76		
										0	70		
	er's state ID numbe	er	16 State wages, tips, etc.	17 State income tax		18 Loca	al wages, tips,	etc.	19 Local inc	ome tax	2	20 Locality name	
CA	888-81-6	540	113500.92	8385.86			232.34		29018	. 65	E	Brandon Villages	
UT	439-66-9	949	117699.9	8417.23		281	901.73		43429	. 95	c	Cole Squares	

Wage and Tax

Form W-2 Statement

5010

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.

F	REISSUED	a Employee's soci	•		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	2:	27-95-3404	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
<b>b</b> Emplo	oyer identification number				1 \	Wages, tips, other compensation	Federal income tax withheld				
	59-9490315					219749.0	30090.48				
c Emplo	c Employer's name, address, and ZIP code					Social security wages	4 Social security tax withheld				
Moran-Valenzuela LLC					268445.87			20536.11			
1542 Charles Corners					5 1	Medicare wages and tips	6 Medicare tax withheld 6881.34				
						237287.53					
	East Davidborough FL 12443-4259					Social security tips	8 Allocated tips				
						268445.87	237287.53				
<b>d</b> Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits		
	5144672								290		
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12		
						242	7444				
	Tyler Dillon					utory Retirement Third-party	12b				
63683 David Lodge					employee plan sick pay			959			
New Alison MN 12525-2812					14 (	Other (see enclosed Notice to Employ	12c				
								288			
									12d		
									876		
f Employee's address and ZIP code						La				Lag t III	
15 State			16 State wages, tips, etc.	17 State income tax				Local income tax		20 Locality name	
CA	888-83	L-640	113500.92	8385.86	265232.34		29	29018.65		Brandon Villages	
UT	439-66	6-949	117699.9	8417.23		281901.73	43	429.95		Cole Squares	

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

