REISSUED a Employee's social	al security number			Safe, A	ccurate,	e n	AH O	Visit the	IRS Webs	ite
STATEMENT 74	43-12-7474	OMB No	o. 1545-00	DOS FAST!	Use	G	Tile)	at www.i	rs.gov/efile).
b Employer identification number			1 \	Vages, tips, other co	mpensation		2 Federa	l income tax	withheld	
02-9201343				134661.6	57		3651	3.27		
c Employer's name, address, and ZIP code			3 5	Social security wages	;		4 Social	security tax	withheld	
Walters Ltd LLC			123103.74				9417.44			
312 Liu Pines Suite 986			5 Medicare wages and tips				6 Medicare tax withheld			
			113757.67				3298.97			
South Aprilfurt TN 38339-6797			7 Social security tips				8 Allocated tips			
				123103.7	4			1137	57.67	
d Control number			9 /	Advance EIC paymer	nt	1	10 Depend	dent care be	enefits	
8767005								105		
e Employee's first name and initial Last name	е		11 1	Nonqualified plans			12a See in	structions	or box 12	
			243				6219			
Jenny Harris			13 Statu				12b			
0589 Wayne Bridge	Apt. 321		X	oyee plan	sick pay		E	198		
Jacksonbury KY	08105-0203		14 (Other (see enclosed	Notice to Employ	/ee) '	12c			
backsombary ki 00105-0205								554		
							12d			
						L	H	751		
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, ti	ne etc	10 1 00	cal income tax		20 Locality	/ name
1 .,,	5									
RI 071-75-689	69099.19	5844.6		142672.4	! 	246	27.56		Jones	таке
FL 160-83-729	63950.37	6243.46		172117.1	.9	195	68.69		Smith	Lakes

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.

REISSUE	D a Employ	ee's social security number		This information is being furnished to the Internal Revenue Service. If you are required					
STATEME	NT	743-12-7474	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 Employer identificat	on number			1 V	Vages, tips, other compensation		2 Federa	I income tax	withheld
02-9201343			134661.67			36513.27			
c Employer's name, a	ddress, and ZIP code			3 8	ocial security wages		4 Social	security tax	withheld
Walters Ltd LLC			123103.74			9417.44			
312 Liu Pines Suite 986			5 Medicare wages and tips			6 Medicare tax withheld			
Courth Ameril front MNI 20220 6707			113757.67			3298.97			
South Aprilfurt TN 38339-6797			7 Social security tips			8 Allocated tips			
					123103.74			1137	57.67
d Control number				9 A	dvance EIC payment		10 Depen	dent care be	enefits
876700)5							105	
e Employee's first nar	ne and initial	Last name		11 N	lonqualified plans		12a See in	structions	for box 12
			243			6219			
Jenny Harris				13 Statutory Retirement Third-party			12b		
0589	Wayne Bri	dge Apt. 321		X empl	oyee plan sick pay		E	198	
To all a	b 77V	00105 0003		14	Other (see enclosed Notice to Employ	yee)	12c	1	
Jacksonbury KY 08105-0203						FF 4			
								554	
							12d	ı	
							Н	751	
f Employee's address									
15 State Employer	's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	Local income ta	X	20 Locality name
RI (71-75-689	69099.19	5844.6		142672.4	24	627.56		Jones Lake
FL :	160-83-729	63950.37	6243.46		172117.19	19	568.69		Smith Lakes

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

