REISSUED a Employee's social security number					Safe, Acc	urate,	0	H	Visit the	IRS Website			
S	TATEMENT	87	79-13-2094	OM	IB No. 1545-00	08 FAST! Us	se 🔍	evi	IIE	at www.i	rs.gov/efile.		
<b>b</b> Emplo	yer identification number				1 V	1 Wages, tips, other compensation			2 Federal income tax withheld				
45-3900546						228510.22			23151.23				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Williams LLC Ltd						224961.75			17209.57				
842 Bradley Springs					5 N				6 Medicare tax withheld				
						174721.64				5066.93			
Fieldsburgh MN 52673-3613					7 8	7 Social security tips				8 Allocated tips			
						224961.75			174721.64				
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
	6953700								252				
e Emplo	yee's first name and initial	Last name			11 N	11 Nonqualified plans			12a See instructions for box 12				
						247			6914				
	Karen M	artin				13 Statutory Retirement Third-party employee plan sick pay			b	1			
071 Chad Ridge Suite 148					empi	pyee plan	sick pay		E	483			
	Ashleytown	CT	76461-9469		14 (	Other (see enclosed Noti	ice to Employe	e) 12	С	ı			
	-								P	973			
								12	d	i .			
										825			
f Employee's address and ZIP code													
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income	tax	18 Local wages, tips,	etc.	19 Local	income tax	(	20 Locality name		
NC	140-38	-752	110671.93	5629.13		160133.62		2701	2.55		Davis Parkway		
FL	608-51	-718	124692.38	6637.5		188712.25		2819	0.66		Carrie Land		
Wage and Tax					.П	Department of the TreasuryInternal Revenue Service							
Form W-	. Statem	ent		- $        -$	<b>u</b> U								

Wage and Tax **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.

RE	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are re										
	TEMENT	87	9-13-2094	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> Employer	identification number			•	1 Wages, tips, other compensation			2 Federal income tax withheld			
45-3900546					228510.22			23151.23			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Williams LLC Ltd					224961.75			17209.57			
842 Bradley Springs Fieldsburgh MN 52673-3613					5 Medicare wages and tips			6 Medicare tax withheld			
					174721.64			5066.93			
					7 Social security tips			8 Allocated tips			
					224961.75			174721.64			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
69	953700							252			
e Employee	e's first name and initial	Last name			11 Nonqualified plans			12a See instructions for box 12			
					247			6914			
Ka	Karen Martin				13 Statutory Retirement Third-party			12b			
071 Chad Ridge Suite 148 Ashleytown CT 76461-9469					employee plan sick pay  X  14 Other (see enclosed Notice to Employee)			E	E 483		
								12c			
								_	073		
								12d	P 973		
								120	ĺ		
					!			825			
f Employee's address and ZIP code											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local income to	ЭX	20 Locality name	
NC	140-38	-752	110671.93	5629.13	160133.62 2		27	012.55	Davis Parkway		
FL	608-51	-718	124692.38	6637.5		188712.25	28	190.66	;	Carrie Land	

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

