| REISSUEI | REISSUED a Employee's social security number | | | | Safe, Accura | ite, | Visit the IRS Website | | | |
|---|--|----------------------------|--|-------------------------|------------------------------|-------------|---------------------------------|--------------|------------------|--|
| STATEMEN | IT 1 | 44-33-2064 | OMB No | o. 1545-0 | FAST! Use | | *file | at www.irs | s.gov/efile. | |
| b Employer identification | number | | | 1 \ | Wages, tips, other compensa | ation | 2 Federal | l income tax | withheld | |
| 36-613 | L213 | | | 60028.64 | | | 20217.41 | | | |
| c Employer's name, add | Iress, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Santana LLC Group | | | | 75134.45 | | | 5747.79 | | | |
| 09147 Owens Mall Suite 890 New Lindsav RI 23908-1896 | | | | 5 1 | Medicare wages and tips | | 6 Medicare tax withheld 1739.82 | | | |
| | | | | | 59993.82 | | | | | |
| New Lindsay RI 23908-1896 | | | | 7 Social security tips | | | 8 Allocated tips | | | |
| | | | | | 75134.45 | | | 59993 | | |
| d Control number | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 7236284 | | | | | | | 157 | | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| Stephen Lee | | | 138 | | | н 9069 | | | | |
| | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | | | | |
| 10908 Anthony Stream Apt. 338 | | | | emp | oyee plan s | sick pay | | 290 | | |
| New Gregory CT 51452-9697 | | | | | Other (see enclosed Notice t | o Employee) | 12c | 1 | | |
| New Gregory or Grisz 9097 | | | | | | | G | 537 | | |
| | | | 12d | | | | | | | |
| | | | | | | | н | 786 | | |
| f Employee's address a | nd 7ID code | | | | | | | 700 | | |
| | state ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 | Local income tax | : | 20 Locality name | |
| WY 2 | 43-09-852 | 27876.02 | 1507.32 | | 77726.42 80 | | 011.61 | | Janice Freeway | |
| MO 2 | 04-72-970 | 31431.45 | 1199.28 | | 59579.11 | 10 | 0144.63 | | Holmes Landing | |

Wage and Tax

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.

5070

Department of the Treasury--Internal Revenue Service

Cut here. Keep lower portion for your records.

| F | REISSUED a Employee's social security number | | | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | |
|---|--|------|----------------------------|--|---|----------|---------------------------------|-----------------------------|--|------------------|--|
| | TATEMENT | 1 | 44-33-2064 | OMB No | 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 | | | Federal income tax withheld | | | |
| 36-6131213 | | | | | 60028.64 | | | 20217.41 | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Santana LLC Group | | | | 75134.45 | | | 5747.79 | | | | |
| 09147 Owens Mall Suite 890 | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | |
| | | | | 59993.82 | | | 1739.82 | | | | |
| | New Lindsay RI 23908-1896 | | | | 7 Social security tips | | | 8 Allocated tips | | | |
| | | | | 75134.45 | | | 59993.82 | | | | |
| d Contro | d Control number | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 7236284 | | | | | | | 157 | | | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| Storbon Too | | | 138 | | | н 9069 | | | | | |
| | Stephen Lee | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | 1 | | | |
| 10908 Anthony Stream Apt. 338 | | | | x | | | 290 | | | | |
| New Gregory CT 51452-9697 | | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | | |
| 1 | | | G 537 | | | | | | | | |
| | | | | | | | ŀ | 12d | | | |
| | | | | | | | Н | н 786 | | | |
| f Employee's address and ZIP code | | | | | <u></u> | , [| | | | | |
| 15 State | Employer's state ID nun | | 16 State wages, tips, etc. | 17 State income tax | 1.0 = | | | D Local income tax | | 20 Locality name | |
| WY | 243-09- | -852 | 27876.02 | 1507.32 | | 77726.42 | 80 | 11.61 | | Janice Freeway | |
| мо | 204-72- | -970 | 31431.45 | 1199.28 | | 59579.11 | | 10144.63 | | Holmes Landing | |

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

