RE	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website			
STA	ATEMENT	12	22-53-7762	OMB N	o. 1545-0	008 FAST! Use		<b>Tile</b>	at www.ir	s.gov/efile.		
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld			
23-2998915						187480.99			61543.0			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Hill LLC Group					150345.4			11501.42				
9751 Christopher Course					5 Medicare wages and tips			6 Medicare tax withheld				
						172380.8		4999.04				
West Kelsey AR 83271-8323					7 Social security tips			8 Allocated tips				
					150345.4			172380.8				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
8532794								215				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					214			3914				
D	Derrick Jimenez					13 Statutory Retirement Third-party						
936 Sawyer Summit					employee plan sick pay			D	688			
	<del>-</del>				14 Other (see enclosed Notice to Employee)			12c				
North Melissa AL 10915-4785						•			001			
							H					
								12d	ĺ			
									145			
	e'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, et	tc. 19	Local income tax		20 Locality name		
MO	359-67	-652	85847.49	7305.36		148177.5	30	0260.17		Haynes Shoal		
ND	293-76	-386	93767.43	7003.8		155499.59	29	9217.48		Francis Flat		

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 social security number This information is being furnished to the Internal Revenue Service. If you											
S	TATEMENT	12	22-53-7762	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.							
	yer identification number	l .			Wages, tips, other compensation			Federal income tax withheld				
23-2998915					187480.99			61543.0				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Hill LLC Group					150345.4			11501.42				
9751 Christopher Course West Kelsey AR 83271-8323					5 Medicare wages and tips			6 Medicare tax withheld				
					172380.8			4999.04				
					7 Social security tips			8 Allocated tips				
					150345.4			172380.8				
<b>d</b> Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	8532794								215			
e Emplo	yee's first name and initial	Last name	е		11 Nonqualified plans			12a See instructions for box 12				
Derrick Jimenez					214			3914				
DOLLION GIMENCE				13 Statutory Retirement Third-party employee plan sick pay			12b	]				
	936 Sawyer Summit							D	688			
	North Melissa AL 10915-4785					14 Other (see enclosed Notice to Employee)			12c			
								н 821				
								12d				
								145				
f Employee's address and ZIP code						I do I and a market of the state	10.1			00 1		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name		
MO	359-67	7-652	85847.49	7305.36	148177.5		302	30260.17		Haynes Shoal		
ND	293-76	5-386	93767.43	7003.8		155499.59	292	217.48		Francis Flat		

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

