F	REISSUED	a Employee's socia	l security number				Safe, Acc	urate,		H	Visit the	IRS Webs	ite	
S	TATEMENT	68	32-38-7032	OMB N	o. 1545-0	8000	FAST! Us	e 🔍	e ≁f	II E	at www.i	rs.gov/efile) <u>.</u>	
b Employer identification number					1 Wages, tips, other compensation				2	2 Federal income tax withheld				
40-9590139						174762.87				45908.97				
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4	4 Social security tax withheld				
Riley PLC PLC					129706.96					9922.58				
5173 Jones Oval Suite 965 Jerryborough NV 53387-9793					5 Medicare wages and tips				6					
					207898.67					6029.06				
					7 Social security tips				8	8 Allocated tips				
					129706.96					207898.67				
d Control number					9 Advance EIC payment 10 Dependent care benefits					enefits				
	1293623								286					
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12					
Nicholas Meyer					118				P 6387					
					13 Statutory Retirement Third-party employee plan sick pay				12b		1			
1730 Kirsten Island Seanberg TX 23212-3170						14 Other (see enclosed Notice to Employee)				G 919				
										12c				
										н 769				
									12d	12d				
										997				
	yee's address and ZIP cod		T	T.= 2		1						T		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		,			Local income tax		20 Locality			
WI	079-04	-614	87653.2	4745.13		1777	91.74		22559	25		Mark I	sland	
со	240-36	-677	90493.78	4014.35		1326	94.78		28604	1.51		Donna	Pass	

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.

F	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are requi													
S	STATEMENT 682-38-7032 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you this income is taxable and you fail to report it.									on you if				
b Employer identification number					Wages, tips, other compensation				Federal income tax withheld					
40-9590139						174762.87				45908.97				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Riley PLC PLC					129706.96				9922.58					
5173 Jones Oval Suite 965 Jerryborough NV 53387-9793					5 Medicare wages and tips				6 Medicare tax withheld					
					207898.67				6029.06					
					7 Social security tips				8 Allocated tips					
						129706.96				207898.67				
d Control number						9 Advance EIC payment				10 Dependent care benefits				
	1293623		286											
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
					118				P 6387					
Nicholas Meyer				13 Statutory Retirement Third-party				12b						
1730 Kirsten Island					emp	ployee plan sick pay			G 919					
Seanberg TX 23212-3170						Other (see enclosed Notice to Emplo	,,,oo)	12c		717				
						14 Other (see enclosed Notice to Employee)				120				
									H	769				
								12d		1				
										997				
f Employee's address and ZIP code										1				
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local inc			20 Locali	ty name		
WI	079-04	1-614	87653.2	4745.13	177791.74		22	22559.25			Mark	Island		
СО	240-36	5-677	90493.78	4014.35	132694.78 2		28	28604.51			Donna	a Pass		

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

