REISSUED	a Employee's socia	•			Sa	fe, Accurate,	IRe O	HIO	Visit the	IRS Website		
STATEMENT	50)2-22-6443	OMB N	o. 1545-0	008 F A	ST! Use		file	at www.	irs.gov/efile.		
b Employer identification number				1 \	1 Wages, tips, other compensation				2 Federal income tax withheld			
95-1065453					168068.74				38439.76			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Riley LLC PLC				151415.66				11583.3				
49831 Leon Junction				5 Medicare wages and tips				6 Medicare tax withheld				
				131545.2				3814.81				
East Nicholasbury NC 15395-3433				7 Social security tips				8 Allocated tips				
					151415.66			131545.2				
d Control number				9 Advance EIC payment				10 Dependent care benefits				
6801181								185				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
Brandi Harrington				202				8585				
				13 Statutory Retirement Third-party employee plan sick pay			ty	12b				
148 Wilkinson Mall Suite 472				X Sick pay				133				
North Lisa WV 32757-9177				14 Other (see enclosed Notice to Employee)				12c				
								573				
							12d					
								P	838			
f Employee's address and ZIP co	de											
15 State Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax	•	18 Local wa	ges, tips, etc.	19 Lo	ocal income ta	ix	20 Locality name		
MT 388-20	0-879	80209.34	3199.79		180022.16 2		278	7822.11		Michael Hills		
NC 473-42	2-618	91625.94	3518.65		144333.31 3		302	30230.3		Fleming Park		

Wage and Tax

Form W-2 Statement

5070

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.

REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	50	02-22-6443	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 identification number	b Employer identification number				Wages, tips, other compensation			Federal income tax withheld		
95-1065453				168068.74			38439.76			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Riley LLC PLC				151415.66			11583.3			
49831 Leon Junction				5 Medicare wages and tips			6 Medicare tax withheld			
East Nicholasbury NC 15395-3433				131545.2			3814.81			
				7 Social security tips			8 Allocated tips			
				151415.66			131545.2			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
6801181							185			
e Employee's first name and initia	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12		
Brandi Harrington				202 13 Statutory Retirement Third-party employee plan sick pay			8585			
148 Wilkinson Mall Suite 472				X X			133			
North Lisa WV 32757-9177				14 Other (see enclosed Notice to Employee)			12c 573			
										P 838
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, tips, etc. 19			Local income tax 20 Locality name			
		9			5	_			•	
MT 388-2	J-8/9	80209.34	3199.79		180022.16 2		27822.11		Michael Hills	
NC 473-42	2-618	91625.94	3518.65		144333.31	30:	230.3		Fleming Park	

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

