| RE | EISSUED a Employee's social security number | | | | Safe, Accurate, | | | | Visit the IRS Website | | | | |
|---|---|------|----------------------------|--------------------|-----------------|--|-----------------|---------|---------------------------------|--------------------------------|---------------|-------|--|
| STA | TEMENT | 74 | 4-13-4033 | OME | No. 1545-0 | 0008 FA | AST! Use | | IIIE | at www.i | rs.gov/efile. | | |
| b Employer identification number | | | | | 1 | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 43-3917739 | | | | | | 163614.98 | | | | 45908.64 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 | 3 Social security wages | | | | 4 Social security tax withheld | | | |
| Hurst LLC LLC | | | | | | 145387.96 | | | | 11122.18 | | | |
| 27187 Kayla Hollow Apt. 919 North Lisa IL 95418-7430 | | | | | 5 | | | | | 6 Medicare tax withheld | | | |
| | | | | | | 164614.82 | | | | 4773.83 | | | |
| | | | | | 7 | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | | | 145387.96 | | | 164614.82 | | | | |
| d Control nu | umber | | | | 9 | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 5! | 522346 | | | | | | | | 225 | | | | |
| e Employee's first name and initial Last name | | | | | 11 | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| | Alan Luna | | | | | 183 | | | 9406 | | | | |
| A. | | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 12b | | | |
| 1257 Miller Way | | | | | em | The project plant with the pay and the pay | | | | 607 | | | |
| Danielleborough OH 70566-44 | | | | | | 14 Other (see enclosed Notice to Employee) | | | | 1 | | | |
| Sunicire Straight on 70000 11 | | | | | | | | | D | D 338 | | | |
| | | | | | | | | | | 12d | | | |
| | | | | | | | | | E | 205 | | | |
| f Employee's address and ZIP code | | | | | | | | | | | | | |
| 15 State | Employer's state ID nu | mber | 16 State wages, tips, etc. | 17 State income to | ax | 18 Local wa | ges, tips, etc. | 19 Loca | l income ta | х | 20 Locality | name | |
| MI | 070-15 | -477 | 86895.36 | 5431.04 | | 12460 | 7.6 | 3222 | 4.18 | | Harvey | Pine | |
| IL | 384-02 | -604 | 82861.12 | 3529.73 | | 18922 | 5.43 | 2198 | 6.14 | | Anderson | Forks | |

Wage and Tax Statement

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.

| R | REISSUED a Employee's social security number | | | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | |
|--|---|---|----------------------------|---------------------|--|--|------------------|-------------------------------|--------------------------------|------------------|--|--|
| ST | ATEMENT | TEMENT 744-13-4033 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on y this income is taxable and you fail to report it. | | | | | | e imposed on you if | | | | |
| b Employ | b Employer identification number | | | | Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 43-3917739 | | | | | | 163614.98 | | | 45908.64 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 3 | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Hurst LLC LLC | | | | | 145387.96 | | | 11122.18 | | | | |
| 27187 Kayla Hollow Apt. 919 | | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | |
| | North Lisa IL 95418-7430 | | | | | 164614.82 | 4773.83 | | | | | |
| r | | | | | | Social security tips | 8 Allocated tips | | | | | |
| | | | | | | 145387.96 | | | 164614.82 | | | |
| d Control | d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 5 | 5522346 | | | | | | | | 225 | | | |
| e Employ | e Employee's first name and initial Last name | | | | | 11 Nonqualified plans 12a See instru | | | | for box 12 | | |
| | Alan Luna 1257 Miller Way | | | | | 183 | | | 9406 | | | |
| 1 | | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | | | |
| | | | | | | | | | 607 | | | |
| | 1237 MILLEL Way | | | | 14 Other (see enclosed Notice to Employee) | | | | | | | |
| I | Danielleborough OH 70566-44 | | | | | 14 Other (see enclosed Notice to Employee) | | | | | | |
| | | | | | | | | D | 338 | | | |
| | | | | | | | | 12d | l | | | |
| | | | | | | | | | E 205 | | | |
| f Employ | ee's address and ZIP co | de | | | | | | | ı | | | |
| 15 State | Employer's state ID n | umber | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 | Local income tax | | 20 Locality name | | |
| MI | 070-15 | 5-477 | 86895.36 | 5431.04 | | 124607.6 | 32 | 224.18 | | Harvey Pine | | |
| IL | 384-02 | 2-604 | 82861.12 | 3529.73 | | 189225.43 | 21 | .986.14 | | Anderson Forks | | |

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

