R	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website								
ST	TATEMENT	85	52-80-4377	OMB N	o. 1545-0	0008 FAST!	Jse "	6	iile)	at www.i	rs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation			2	2 Federal income tax withheld				
62-0852931					129652.59				19293.28				
c Employer's name, address, and ZIP code					3 Social security wages			4	4 Social security tax withheld				
Anderson LLC Ltd					158297.83				12109.78				
023 Gomez Stravenue					5 Medicare wages and tips				6 Medicare tax withheld				
					121308.17				3517.94				
	Farrellview PA 34432-1605					7 Social security tips				8 Allocated tips			
					158297.83				121308.17				
d Contro	Inumber				9 Advance EIC payment			10	10 Dependent care benefits				
1358744									298				
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12					
_					217				D 5307				
-	Lindsey Wilson				13 Statutory Retirement Third-party				!b				
5361 Laura Light				employee plan sick pay				644					
	South Karen NY 79603-0018					14 Other (see enclosed Notice to Employee)				1			
	South Raien NI 79005 0010								320				
								12	12d				
									_	000			
									E	223			
f Employ 15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tip	s etc	19 002	I income ta	Υ	20 Locality name		
NC	913-34		61611.26	4224.39		110802.3			37.76		,		
140	913-34	-020	01011.20	7223.33		110302.3	<u> </u>	2113	,,.,6		Johnson Prairie		
AZ	179-51	-080	59122.46	4220.67		136018.9	4	2489	4.2		Jeffrey Fords		

Wage and Tax

Form W-2 Statement

5010

Cut here. Keep lower portion for your records.

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.

F	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are req											
S	STATEMENT 852-80-4377 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.								e imposed on you if			
b Emplo	yer identification number	•		•	1 Wages, tips, other compensation			2 Federal income tax withheld				
62-0852931					129652.59			19293.28				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Anderson LLC Ltd					158297.83			12109.78				
023 Gomez Stravenue					5 Medicare wages and tips			6 Medicare tax withheld				
						121308.17	3517.94					
	Farrellview PA 34432-1605					7 Social security tips			8 Allocated tips			
					158297.83			121308.17				
d Control number						9 Advance EIC payment			10 Dependent care benefits			
	1358744							298				
e Emplo	yee's first name and initial	Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
	Lindsey Wilson				217			D 5307				
					13 Stat	tory Retirement Third-party	12b					
5361 Laura Light					employee plan sick pay				644			
	_					14 Other (see enclosed Notice to Employee)			12c			
South Karen NY 79603-0018					14 Cirici (add drioladd Naliad to Employdd)							
								320				
								12d	Ì			
									E 223			
f Employee's address and ZIP code												
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax		20 Locality name		
NC	913-34	1-826	61611.26	4224.39	110802.32		21	21137.76		Johnson Prairie		
AZ	179-51	L-080	59122.46	4220.67	136018.94 24		24	894.2	Jeffrey Fords			

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

