F	REISSUED	a Employee's socia	l security number				Safe, Accu	irate,		12 <b>6</b> H		Visit the	IRS Website	
S	<b>TATEMENT</b>	60	4-32-4051	OM	B No. 1545-	8000	FAST! Us	e	<u>G</u>		9	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld				
46-2703776						126137.91				14680.01				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Fuller LLC and Sons						115084.68				8803.98				
3215 Johnson Gateway Apt. 592					5	l				6 Medicare tax withheld				
South Eileenton KY 45602-1406						126910.54				3680.41				
South Elleenton Ki 45602-1406					7 Social security tips					8 Allocated tips				
						115084.68				126910.54				
d Control number					9	9 Advance EIC payment				10 Dependent care benefits				
9022680										166				
e Employee's first name and initial Last name					11	11 Nonqualified plans				12a See instructions for box 12				
Pamela Martinez						101				E 4753				
						13 Statutory Retirement Third-party employee plan sick pay				12b				
46260 Stewart Vista					em	pioyee	X	sick pay			H	679		
North Anna LA 71851-9968					14	Other (see	e enclosed Notic	e to Employe	ee)	12c		1		
NOICH AIMA DA 71031 3300											E	716		
									-	12d				
											E	968		
f Emplo	yee's address and ZIP cod	•							H		<u> </u>	300		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income	tax	18 Loc	al wages, tips, e	tc.	19 L	ocal inc	ome tax	(	20 Locality name	
ME	405-39	-430	58576.77	3499.03		142	098.95		15	737	.19		Dawn Bypass	
KY	307-14	-462	60533.2	5335.58		104062.13			14	4601.34			Harrison Spur	
Wage and Tax							Department of the TreasuryInternal Revenue Service							
Form W-2 Statement					ل ر			рерапп	ieni C	ו שווו וע	reasu	rymilema	ai iveverine pervice	

Wage and Tax **Statement** 

Form W-2 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 soci	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if									
S	STATEMENT 604-32-4051 OMB No. 1545-0008 this income is taxable and you fail to report it.								on you ii					
<b>b</b> Emplo	<b>b</b> Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
46-2703776						126137.91				14680.01				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Fuller LLC and Sons						115084.68				8803.98				
3215 Johnson Gateway Apt. 592					5 Medicare wages and tips				Medicare tax withheld					
						126910.54				3680.41				
South Eileenton KY 45602-1406					7 Social security tips				8 Allocated tips					
						115084.68				126910.54				
d Control number						9 Advance EIC payment				10 Dependent care benefits				
9022680										166				
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
Pamela Martinez					101				E 4753					
					13 Statutory Retirement Third-party									
46260 Stewart Vista						employee plan sick pay				679				
10200 000					14 Other (see enclosed Notice to Employee)									
North Anna LA 71851-9968						care (eee enclosed neade to Emple)	,00,							
									E	E  716				
						12d		I						
									E	968				
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 inc	ome tax		20 Locali	ty name		
ME	405-39	9-430	58576.77	3499.03		142098.95 1		15737.19			Dawn :	Bypass		
KY	307-14	1-462	60533.2	5335.58		104062.13	14	601	. 34		Harris	on Spur		

Wage and Tax

**Statement** Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

