REISSUED a Employee's social security number	Safe, Accurate,	Visit the IRS Website			
STATEMENT 401-09-3931	OMB No. 1545-0008 FAST! Use	at www.irs.gov/efile.			
b Employer identification number	1 Wages, tips, other compensation 2	Federal income tax withheld			
30-9495548	145979.06 3	39304.43			
c Employer's name, address, and ZIP code	3 Social security wages 4	4 Social security tax withheld			
Farmer Ltd LLC	110425.08	8447.52			
25668 Alyssa Plaza Apt. 495	5 Medicare wages and tips 6				
South Erinfort FL 39579-7371	183213.72	5313.2			
boddii Hillioit II 39379 7371	7 Social security tips 8	Allocated tips			
	110425.08	183213.72			
d Control number	9 Advance EIC payment 10	Dependent care benefits			
2830752		229			
e Employee's first name and initial Last name	11 Nonqualified plans 12a	See instructions for box 12			
Brian Thompson	107	6106			
Brian Thompson	13 Statutory Retirement Third-party 12b employee plan sick pay	ı			
29204 Harding Shoals Apt. 943	X X	891			
Benjaminchester ID 17441-1129	14 Other (see enclosed Notice to Employee) 12c	1			
		н 149			
	12d	-			
		G 397			
f Employee's address and ZIP code					
15 State Employer's state ID number 16 State wages, tips, etc. 17 State in	ne tax 18 Local wages, tips, etc. 19 Local inc	come tax 20 Locality name			
TX 493-64-015 69406.44 8134	4 118866.4 14912	.97 Paula Court			
VA 714-32-025 75599.59 7439	5 178728.23 23604	.98 Andrea Glens			

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	40	01-09-3931	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				Wages, tips, other compensation			2 Federal income tax withheld						
30-9495548				145979.06			39304.43						
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld						
Farmer Ltd LLC				110425.08			8447.52						
25668 Alyssa Plaza Apt. 495 South Erinfort FL 39579-7371				5 Medicare wages and tips			6 Medicare tax withheld						
				183213.72			5313.2						
				7 Social security tips			8 Allocated tips						
						110425.08			1832	13.72			
d Contro	ol number				9 /	Advance EIC payment		10 Depen	dent care b	enefits			
	2830752								229				
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box				for box 12						
Brian Thompson			107 13 Statutory Retirement Third-party			6106							
				utory Retirement Third-party loyee <u>plan</u> <u>sick pay</u>		12b	I						
29204 Harding Shoals Apt. 943			<u> x x x x 891</u>										
Benjaminchester ID 17441-1129			14 Other (see enclosed Notice to Employee)			12c							
						н	149						
							F	12d					
								G	397				
		I.					F	G	391				
15 State	eyee's address and ZIP con Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality	/ name		
TX	493-64		69406.44	8134.44		118866.4	14	912.97		Paula			
	495 0-	<u> </u>	00300.33	0101.11		1110000.4		J , J !		Faula	COULT		
VA	714-32	2-025	75599.59	7439.75		178728.23	23	604.98		Andrea	Glens		

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

