REISSUED a Employee's	social security number			Safe, Accurate,	RS 🗖	A STILL	Visit the IRS Website		
STATEMENT	765-38-5077	OMB N	o. 1545-0	DOS FAST! Use		file)	at www.irs.gov/efile.		
b Employer identification number			1 \	Wages, tips, other compensation		2 Federa	Il income tax withheld		
34-0534640				227477.62		36219.11			
c Employer's name, address, and ZIP code			3 3	Social security wages		4 Social security tax withheld			
York Ltd LLC			284984.01			21801.28			
5103 Jeffrey Points Suite 703			5 Medicare wages and tips			6 Medicare tax withheld			
_				294211.38		8532.13			
West Bryan FL 54757-0296			7 Social security tips			8 Allocated tips			
				284984.01			294211.38		
d Control number			9 /	Advance EIC payment	I .	10 Depend	dent care benefits		
9809559							151		
e Employee's first name and initial Last	name	·	11 1	Nonqualified plans		12a See in:	structions for box 12		
			230			E 6231			
Gary Bennett			13 Statu	itory Retirement Third-part oyee plan sick pay	у	12b	1		
42028 Kelly Hill			emp	X SICK PAY		G	343		
Rosston VT 78345-5644			14 Other (see enclosed Notice to Employee)			12c	1		
							571		
						12d	i		
						н	630		
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 Lo	cal income tax	20 Locality name		
NV 820-28-552	115384.45	10457.02		215041.63	375	61.41	Garza Extensions		
FL 167-20-022	112663.98	11620.88		184856.12	303	860.51	James Track		

Wage and Tax

Form W-2 Statement

5010

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.

F	REISSUED	a Employee's soc	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	7	65-38-5077	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				1		2 Federal income tax withheld					
34-0534640						36219.11					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
York Ltd LLC				284984.01 5 Medicare wages and tips			21801.28				
5103 Jeffrey Points Suite 703 West Bryan FL 54757-0296			5	6 Medicare tax withheld							
					8532.13						
			7	8 Allocated tips							
						294211.38					
d Control number			9 Advance EIC payment			10 Dependent care benefits					
9809559							151				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Gary Bennett			230			E 6231					
			13 Statutory Retirement Third-party			12b					
42028 Kelly Hill			emp	oloyee plan sick pay			G	343			
_			14	Other (see enclosed Notice to Employe	00)	12c	•				
Rosston VT 78345-5644			THE Carlet (See enclosed Notice to Employee)			120	ĺ				
						571					
								12d			
									H	630	
f Emplo	oyee's address and ZIP coo	de									
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal inco	me tax		20 Locality name
NV	820-28	3-552	115384.45	10457.02		215041.63	37	561.	41		Garza Extensions
FL	167-20	0-022	112663.98	11620.88		184856.12	30	360.	51		James Track

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

