| b Employer identification number 38-9926957 | 1 \ | Wages, tips, other compensation | 2 Endoral income | | | |
|--|-----------------|-------------------------------------|---------------------|--|--|--|
| | | 137810.66 | 50303.12 | 2 Federal income tax withheld | | |
| c Employer's name, address, and ZIP code | 3 5 | Social security wages | | | | |
| Marshall-Marshall LLC | | 163636.54 | 12518.2 | | | |
| 200 Webb Stravenue Apt. 411 | 5 1 | Medicare wages and tips 174225 . 81 | | 6 Medicare tax withheld 5052.55 8 Allocated tips | | |
| Sarastad NJ 94282-6757 | 7 5 | Social security tips | | | | |
| | | 163636.54 | 174 | 174225.81 | | |
| d Control number | 9 / | Advance EIC payment | 10 Dependent care | 10 Dependent care benefits | | |
| 7095870 | | | 166 | ; | | |
| e Employee's first name and initial Last name | 11 1 | Nonqualified plans | 12a See instructio | 12a See instructions for box 12 | | |
| Lisa Webb | 13 Statu | 228 utory Retirement Third-party | | 7946 | | |
| 555 Wise Trail | | loyee plan sick pay | 681 | <u>-</u> | | |
| North Ryanfurt NV 75391-9128 | 14 (| Other (see enclosed Notice to Emplo | yee) 12c |) | | |
| | | | 12d | | | |
| | | | 175 | ; | | |
| f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State in | come tay | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |
| AK 382-48-621 65491.36 5385. | | 132591.35 | 15153.16 | , | | |
| AN 302-40-021 03491.30 3363. | J <u>Z</u> | 132391.33 | 13133.10 | Darrell Motorway | | |
| KY 806-16-214 75795.42 5205. | 74 | 153369.7 | 23604.97 | Patricia Ridge | | |

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.

| REISSUED | a Employee's soc | ial security number | | | This information is being furnited file a tax return, a pegligent | | | | | | | | | |
|---|------------------|----------------------------|--|---|---|--|--------------------------------|-----|------------------|---|-----|-----------------------|--|--|
| STATEMENT | 3 | 57-16-1497 | 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 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | | | | |
| 38-9926957 | | | | 137810.66 | | | 50303.12 | | | | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | | | |
| Marshall-Marshall LLC | | | 163636.54 | | | 12518.2 | | | | | | | | |
| 200 Webb Stravenue Apt. 411 Sarastad NJ 94282-6757 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld 5052.55 8 Allocated tips | | | | | | | | |
| | | | | | | | | | 163636.54 | | | 174225.81 | | |
| | | | | | | | | | d Control number | | | 9 Advance EIC payment | | |
| | | | 7095870 | | | | | | | 1 | .66 | | | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | | | | |
| Lisa Webb 555 Wise Trail North Ryanfurt NV 75391-9128 | | | 228 13 Statutory Retirement Third-party | | | 7946 | | | | | | | | |
| | | | em | ployée plan sick pay | | 6 | 681 | | | | | | | |
| | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | | | | | | |
| | | | | | | 7 | 702 | | | | | | | |
| | | | | | | 12d | | | | | | | | |
| | | | | | | | 1 | .75 | | | | | | |
| f Employee's address and ZIP | | AC Chata warner time of | 17 State income tax | | 40 Landonna in at | 10 | Local income tax | | 00 1 | | | | | |
| 5 State Employer's state ID | | 16 State wages, tips, etc. | | | 18 Local wages, tips, etc. | | | | 20 Locality name | | | | | |
| AK 382- | 18-621 | 65491.36 | 5385.32 | | 132591.35 | 12 | 153.16 | | Darrell Motorwa | | | | | |
| KY 806- | L6-214 | 75795.42 | 5205.74 | | 153369.7 | 23 | 8604.97 | | Patricia Rido | | | | | |

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

