| REISSUED   | a Employee's socia | al security number         |                     |  |                                   | Safe, Accura        | te,       | -2 H                      |                                      | Visit the  | IRS Websit    | te     |  |
|--|--------------------|----------------------------|---------------------|--|-----------------------------------|---------------------|-----------|---------------------------|--------------------------------------|------------|---------------|--------|--|
| STATEMENT  | 64                 | 13-61-5585                 | OMB N               | o. 1545-00   | 800                               | FAST! Use           |           | 11                        | ٤                                    | at www.i   | rs.gov/efile. |        |  |
| <b>b</b> Employer identification number                      |                    |                            |                     | 1 V  | 1 Wages, tips, other compensation |                     |           |                           | 2 Federal income tax withheld        |            |               |        |  |
| 56-2624557   |                    |                            |                     |  | 84324.18                          |                     |           |                           | 17341.47                             |            |               |        |  |
| c Employer's name, address, and ZIP code                     |                    |                            |                     |  | 3 Social security wages           |                     |           |                           | 4 Social security tax withheld       |            |               |        |  |
| Holt-Farmer LLC  |                    |                            |                     | 68682.22   |                                   |                     |           | 5254.19                   |                                      |            |               |        |  |
| 9736 Jesse Stream Suite 209<br>North Kellybury SC 00701-5658 |                    |                            |                     | 5 Medicare wages and tips                                  |                                   |                     |           | 6 Medicare tax withheld   |                                      |            |               |        |  |
|  |                    |                            |                     | 68424 . 61 7 Social security tips                          |                                   |                     |           | 1984.31  8 Allocated tips |                                      |            |               |        |  |
| North Religibily Sc 00701 3030                               |                    |                            |                     |  | 7 '                               |                     |           |                           |                                      |            |               |        |  |
|  |                    |                            |                     |  | 68682.22  9 Advance EIC payment   |                     |           |                           | 68424.61  10 Dependent care benefits |            |               |        |  |
| d Control number   |                    |                            |                     | 9 A  | Advance E                         | ic payment          |           | 10                        | Depend                               |            | enetits       |        |  |
| 4584446  |                    |                            |                     |  |                                   |                     |           |                           | 159                                  |            |               |        |  |
| e Employee's first name and initia                           | l Last name        |                            |                     | 11 N   | Nonqualifie                       | d plans             |           | 12a                       | See ins                              | structions | for box 12    |        |  |
| Jesse Patel  |                    |                            |                     | 124  |                                   |                     | G 7103    |                           |                                      |            |               |        |  |
|  |                    |                            |                     | 13 Statutory Retirement Third-party employee plan sick pay |                                   |                     |           | 12b                       |                                      | ı          |               |        |  |
| 7580 Phillips Ranch Suite 173                                |                    |                            |                     |  | Oyee                              | X                   | ick pay   |                           |                                      | 204        |               |        |  |
| Port Cindy MN 18510-6642                                     |                    |                            |                     |  | Other (see                        | enclosed Notice to  | Employee) | 12c                       |                                      | 1          |               |        |  |
| 1010 01110, 111 10010 0011                                   |                    |                            |                     |  | -                                 |                     |           |                           | 680                                  |            |               |        |  |
|  |                    |                            |                     |  |                                   |                     |           |                           | 12d                                  |            |               |        |  |
|  |                    |                            |                     |  |                                   |                     |           |                           | G                                    | 952        |               |        |  |
| f Employee's address and ZIP co                              |                    |                            |                     |  |                                   |                     |           |                           |                                      |            |               |        |  |
| 15 State Employer's state ID r                               |                    | 16 State wages, tips, etc. | 17 State income tax |  |                                   | l wages, tips, etc. | 1         | Local inc                 |                                      |            | 20 Locality   | name   |  |
| CT 516-1   | 9-164              | 44779.29                   | 3337.44             |  | 9910                              | 8.47                | 15        | 138                       | . 57                                 |            | Deanna        | n Dam  |  |
| ME 132-7   | 3-614              | 41455.96                   | 3538.9              |  | 1024                              | 180.7               | 12        | 466                       | . 99                                 |            | Johnson       | Forges |  |

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.

| R   | EISSUED                          | a Employee's soci | al security number         |                       | This information is being furnished to the Internal Revenue Service. If you are required  |                                 |                                 |                                |                  |                |  |
|---|----------------------------------|-------------------|----------------------------|-----------------------|---|---------------------------------|---------------------------------|--------------------------------|------------------|----------------|--|
| ST  | ATEMENT                          | 64                | 43-61-5585                 | 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>b</b> Employ                               | b Employer identification number |                   |                            |                       | 1 \   | Wages, tips, other compensation |                                 | 2 Federal income tax withheld  |                  |                |  |
| 56-2624557                                    |                                  |                   |                            |                       |   | 84324.18                        |                                 | 17341.47                       |                  |                |  |
| c Employer's name, address, and ZIP code      |                                  |                   |                            |                       | 3 5   | Social security wages           |                                 | 4 Social security tax withheld |                  |                |  |
| Holt-Farmer LLC                               |                                  |                   |                            |                       |   | 68682.22                        |                                 | 5254.19                        |                  |                |  |
| 9736 Jesse Stream Suite 209                   |                                  |                   |                            | 5 1                   | Medicare wages and tips   |                                 | 6 Medicare tax withheld         |                                |                  |                |  |
|   |                                  |                   |                            |                       |   | 68424.61                        |                                 | 1984.31<br>8 Allocated tips    |                  |                |  |
| North Kellybury SC 00701-5658                 |                                  |                   |                            | 7 5                   | Social security tips  |                                 |                                 |                                |                  |                |  |
|   |                                  |                   |                            |                       |   | 68682.22                        |                                 | 68424.61                       |                  |                |  |
| d Control number                              |                                  |                   |                            | 9 Advance EIC payment |   |                                 | 10 Dependent care benefits      |                                |                  |                |  |
| 4584446                                       |                                  |                   |                            |                       |   |                                 |                                 | 159                            |                  |                |  |
| e Employee's first name and initial Last name |                                  |                   |                            | 11 1                  | Nonqualified plans  |                                 | 12a See instructions for box 12 |                                |                  |                |  |
| Jesse Patel                                   |                                  |                   |                            | 124                   |   |                                 | G 7103                          |                                |                  |                |  |
|   |                                  |                   |                            | 13 Statu              |   |                                 | 12b                             |                                |                  |                |  |
| 7580 Phillips Ranch Suite 173                 |                                  |                   |                            |                       | empl  | oyee plan sick pay              |                                 |                                | 204              |                |  |
| <del>-</del>                                  |                                  |                   |                            |                       | Other (see enclosed Notice to Employe   | 20) ,                           | 12c                             |                                |                  |                |  |
| Port Cindy MN 18510-6642                      |                                  |                   |                            | 14 \                  | Striet (See enclosed Notice to Employe  | 56)                             | 120                             |                                |                  |                |  |
|   |                                  |                   |                            |                       |   |                                 | 680                             |                                |                  |                |  |
|   |                                  |                   |                            |                       |   |                                 | _   '                           | 12d                            |                  |                |  |
|   |                                  |                   |                            |                       |   |                                 |                                 |                                | G 952            |                |  |
| f Employ                                      | ee's address and ZIP cod         | de                |                            |                       |   |                                 |                                 | ų.                             |                  |                |  |
| 15 State                                      | Employer's state ID no           | umber             | 16 State wages, tips, etc. | 17 State income tax   |   | 18 Local wages, tips, etc.      |                                 | cal income tax                 | 20 Locality name |                |  |
| СТ  | 516-19                           | 9-164             | 44779.29                   | 3337.44               |   | 99108.47                        | 151                             | 38.57                          |                  | Deanna Dam     |  |
| ME  | 132-73                           | 3-614             | 41455.96                   | 3538.9                |   | 102480.7                        | 124                             | 66.99                          |                  | Johnson Forges |  |

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

