RI	EISSUED	a Employee's socia	I security number				Safe, Accu	rate,	Prf		Visit the	IRS Webs	ite	
ST	ATEMENT	46	66-91-3126	OMB N	o. 1545-0	8000	FAST! Use		-~ II		at www.i	rs.gov/efile	<i>}</i> _	
b Employer identification number					1 Wages, tips, other compensation				2	Federal income tax withheld				
63-3760542					94560.78				3	32659.11				
c Employer's name, address, and ZIP code					3 Social security wages				4	4 Social security tax withheld				
Douglas LLC Ltd					68248.81				5	5221.03				
84831 Hill Centers Apt. 984 Port Christianberg KS 62700-6312					5 Medicare wages and tips				6					
					84120.42					2439.49				
					7 Social security tips				8	8 Allocated tips				
					68248.81					84120.42				
d Control					9 Advance EIC payment 10 Dependent care benefits					enefits				
2302462										281				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12					
					174				P 8552					
F	Aaron Swanson					13 Statutory Retirement Third-party employee plan sick pay					i			
672 Brian Common Suite 123					X Story Pay					843				
East Lisa UT 55739-1243					14 Other (see enclosed Notice to Employee)				e) 12c		I			
										E 894				
									12d	12d				
										844				
	ee's address and ZIP cod		T .	1		-						1		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		9		9 Local income tax			20 Locality	name name		
NV	853-09	-125	44184.64	3933.42		67357.24 1		.8355.39			Katherine	a Manors		
NE	145-61	-996	44966.39	4328.61		110	538.28	1	L1587	. 61		Mark :	Inlet	

Wage and Tax Statement 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 socia	•	OMB N	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							
	STATEMENT 466-91-3126 OMB N				this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld							
63-3760542					94560.78				32659.11			
	c Employer's name, address, and ZIP code					Social security wages	4 Social security tax withheld					
· ·		3	68248.81	5221.03								
Douglas LLC Ltd						Medicare wages and tips	6 Medicare tax withheld					
	84831 Hill Centers Apt. 984						2439.49 8 Allocated tips					
Port Christianberg KS 62700-6312					7	84120.42						
	TOTE CHITSCHAMDELY NO 02/00 0312					Social security tips						
					68248.81				84120.42			
	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	2302462					11 Nonqualified plans			281			
e Emplo	e Employee's first name and initial Last name					Nonqualified plans	12a See instructions for box 12					
						174	P 8552					
Aaron Swanson 672 Brian Common Suite 123 East Lisa UT 55739-1243					13 Statutory Retirement Third-party employee plan sick pay X Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee)							
									843			
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	Hast Hisa 01 33/33 1243									E 894		
								12d		7-1		
										844		
	yee's address and ZIP co		1	T .								
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local incor			20 Locality name	
NV	853-09	9-125	44184.64	3933.42		67357.24	18	355.	39		Katherine Manors	
NE	145-63	1-996	44966.39	4328.61		110538.28	11	.587.	61		Mark Inlet	

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

