REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website								
STATEMENT	040-5	57-9133	OMB No	o. 1545-0	0008 FA	AST! Use			E 8	at www.ir	s.gov/efile.	
b Employer identification number				1	Wages, tips, ot	•	ation			ncome tax	withheld	
31-9957695					82682.71				16831.82			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Hall LLC LLC					105583.18				8077.11			
7997 Tammy Dale Brandonshire OH 94405-4824					5 Medicare wages and tips				6 Medicare tax withheld			
					70074.48				2032.16			
					7 Social security tips				8 Allocated tips			
					105583.18				70074.48			
d Control number				9 Advance EIC payment			10 Dependent care benefits					
7938480										147		
e Employee's first name and initial	Last name			11	Nonqualified pl	ans		12a	See inst	ructions fo	or box 12	
				276			E 6312					
Sarah Ma	rsh			13 Stat			hird-party	12b	<u>_</u>			
42449 Chelsea Wells				employee plan sick pay					949			
East Douglas LA 65758-5346					14 Other (see enclosed Notice to Employee)			12c	i			
									E	114		
								12d	12d			
									419			
f Employee's address and ZIP code	٩									117		
15 State Employer's state ID nu		tate wages, tips, etc.	7 State income tax		18 Local wa	ges, tips, etc.	19	Local inco	me tax		20 Locality	name
RI 405-66	-284 449	985.02 4	445.72	107328.91 86		666.1	66.18		Pierce	Ports		
PA 899-63	-297 424	487.51 3	858.55	84953.78		1	10420.03			Andrea	Flat	

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.

REIS	SUED	a Employee's socia	I security number		This information is being furnished to the Internal Revenue Service. If you are required							
	EMENT	04	10-57-9133	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	Federal income tax withheld					
31-9957695						82682.71	16831.82					
c Employer's name, address, and ZIP code					3 3	Social security wages	4 Social security tax withheld					
Hall LLC LLC					105583.18	8077.11						
7997 Tammy Dale				5 1	Medicare wages and tips	6 Medicare tax withheld						
					70074.48	2032.16						
Brandonshire OH 94405-4824					7 5	Social security tips	8 Allocated tips					
						105583.18	70074.48					
d Control numb	d Control number					9 Advance EIC payment			10 Dependent care benefits			
7938480								147				
e Employee's first name and initial Last name				11 1	Nonqualified plans	12a See instructions for box 12						
Sarah Marsh					276			E 6312				
					13 Statu		12b					
42449 Chelsea Wells					employee plan sick pay 949							
East Douglas LA 65758-5346					14 (Other (see enclosed Notice to En	ployee)	12c	1			
							E 114					
							12d					
									419			
	address and ZIP cod		T -	1						_		
	nployer's state ID nu		16 State wages, tips, etc.	17 State income tax		· · · · · · · · · · · · · · · · · · ·		Local income t	ax	20 Locality name		
RI	405-66	5-284	44985.02	4445.72		107328.91		8666.18		Pierce Ports		
PA	899-63	3-297	42487.51	3858.55		84953.78		0420.03	}	Andrea Flat		

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

