| REISSUED | UED a Employee's social security number | | | | Safe, Accurate, | | | | Visit the | IRS Website | | |
|---|---|----------------------------|---------------------|-------------|--|-----|------------|---------------------------------|-------------------------|-------------------|--|--|
| STATEMENT | 773 | 3-45-3145 | OMB | No. 1545-00 | 008 FAST! | Use | G~I | ile | at www.i | rs.gov/efile. | | |
| b Employer identification number | | | | 1 V | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 22-3892368 | | | | | 222864.09 | | | 47588.24 | | | | |
| c Employer's name, address, and ZIP code | | | | 3 8 | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Herring LLC Group | | | | | 176197.51 | | | 13479.11 | | | | |
| 5468 Jeffery Spur | | | | 5 N | a.a.agaa aa apa | | | | 6 Medicare tax withheld | | | |
| Franklinbury UT 35650-3276 | | | | | 209303.04 | | | | 6069.79 | | | |
| | | | | 7 8 | | | | 8 Allocated tips | | | | |
| | | | | | 176197.51 | | | 209303.04 | | | | |
| d Control number | | | | 9 A | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 1546967 | | | | | | | | 119 | | | | |
| e Employee's first name and initial Last name | | | | 11 N | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| Tanai an Massahar | | | | 295 | | | P 2721 | | | | | |
| Jessica Murphy | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 1 | | | |
| 1952 Ray Roads | | | | X | x | | | G 747 | | | | |
| Shannonmouth RI 52083-7988 | | | | | 14 Other (see enclosed Notice to Employee) | | | | İ | | | |
| | | | | | | | | | 124 | | | |
| | | | | | | | 12d | | | | | |
| | | | | | | | | н | 993 | | | |
| f Employee's address and ZIP co | | | | | | | | | | | | |
| 15 State Employer's state ID n | | 16 State wages, tips, etc. | 17 State income tax | x | 18 Local wages, ti | | 19 Local i | | • | 20 Locality name | | |
| OK 458-8 | 7-587 | 111277.23 | 4971.28 | | 198198.5 | | 44328 | 3.79 | | Debra Turnpike | | |
| MS 898-3 | 6-868 | 108508.29 | 5958.3 | | 244365.3 | 1 | 33393 | 3.99 | | Hernandez Centers | | |

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 social security number | | This information is being furnished to the Internal Revenue Service. If you are require | | | | | | | |
|--|-----------------------------------|---|----------------------------|---------------------------------|-------------|--------|-------------------|--|--|
| STATEMENT 773-45-3145 | | 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 | | | | | |
| 22-3892368 | 222864.09 | | | 47588.24 | | | | | |
| c Employer's name, address, and ZIP code | 3 Social security wages | | | 4 Social security tax withheld | | | | | |
| Herring LLC Group | 176197.51 | | | 13479.11 | | | | | |
| 5468 Jeffery Spur | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | | |
| | 209303.04 | | | 6069.79 | | | | | |
| Franklinbury UT 35650-3276 | 7 Social security tips | | | 8 Allocated tips | | | | | |
| | 176197.51 | | | 209303.04 | | | | | |
| d Control number | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | |
| 1546967 | | | | | 119 | | | | |
| e Employee's first name and initial Last name | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | |
| | | | 295 | | | P 2721 | | | |
| Jessica Murphy | 13 Statuto | | у 12 | b | | | | | |
| 1952 Ray Roads | employee plan sick pay | | | G | 747 | | | | |
| _ | 14 Otl | ner (see enclosed Notice to Empl | oyee) 12 | С | | | | | |
| Shannonmouth RI 52083-7 | | | | | 124 | | | | |
| | | | | 12d | | | | | |
| | | | '2 | - | 1 | | | | |
| | | | | | Н | 993 | | | |
| 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. | | l income ta | | 20 Locality name | | |
| OK 458-87-587 111277.23 | 4971.28 | | 198198.5 | 4432 | 8.79 | | Debra Turnpike | | |
| MS 898-36-868 108508.29 | 5958.3 | : | 244365.31 | 3339 | 3.99 | | Hernandez Centers | | |

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

