REISSUED					Safe, Accurate,	RSD ~ F	Visit the IRS Website			
STATEMENT	• 5	50-79-0373	OMB N	o. 1545-00	08 FAST! Use		at www	v.irs.gov/efile.		
b Employer identification n	umber			1 Wages, tips, other compensation			Federal income tax withheld			
92-8733053					79969.74	1	18544.19			
c Employer's name, addre	ss, and ZIP code		•	3 Social security wages			4 Social security tax withheld			
Larsen Ltd Inc				84855.08			6491.41			
65571 Robinson Island				5 Medicare wages and tips			6 Medicare tax withheld			
Travisshire MT 35859-9665				76369.08 7 Social security tips			2214.7			
ITAVISSI	Travissnire MT 33839-9883				ocial security tips	8	8 Allocated tips			
				84855.08			76369.08			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
2400254							284			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
				277			3837			
Cassandra Gonzalez			13 Statutory Retirement Third-party employee plan sick pay			1				
3589 Mark Knolls Suite 263				етрюуее ріап зіск рау			G 486			
North Jillian IL 07886-9213					other (see enclosed Notice to Emplo	oyee) 12c	•			
NOICH DITTIAN IL 07880-9213						675				
						12d				
							200			
							328			
f Employee's address and 15 State Employer's sta	ZIP code ate ID number	16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, etc.	19 Local in	come tax	20 Locality name		
' '	5-97-977	9			9			,		
WI 33	0-31-311	43787.99	1589.99		93578.91	13799	. 0	Meza Spring		
NC 41	6-37-347	36653.31	1793.74		59221.09	11735	.46	Pittman Orchard		

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
	TATEMENT	5.	50-79-0373	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				
92-8733053				79969.74			18544.19				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Larsen Ltd Inc				84855.08			6491.41				
65571 Robinson Island				5 Medicare wages and tips			6 Medicare tax withheld				
				76369.08			2214.7				
Travisshire MT 35859-9665					7 Social security tips			8 Allocated tips			
				84855.08			76369.08				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
2400254							284				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Cassandra Gonzalez				277			3837				
				13 Statutory Retirement Third-party			12b				
3589 Mark Knolls Suite 263				employee plan sick pay			G	486			
				14 (Other (see enclosed Notice to Employ	(OO)	12c				
North Jillian IL 07886-9213				Other (see enclosed Notice to Employee)			120	Ī			
			675								
							Ī	12d	i		
				!			328				
f Employee's address and ZIP code						[
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax	:	20 Locality name	
WI	335-97	7-977	43787.99	1589.99		93578.91	13	799.6		Meza Spring	
NC	416-37	7-347	36653.31	1793.74		59221.09	11	735.46		Pittman Orchard	

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

