REISSUED	a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT	76	50-19-8138	OM	ИВ No. 1545-00	08 FAST!	Use			at www.ir	s.gov/efile.	
b Employer identification number				1 W	ages, tips, other co	mpensation	2	Federal i	income tax	withheld	
21-7657558					162805.1	.9	5	7402	2.86		
c Employer's name, address, and ZIP code				3 S	3 Social security wages			4 Social security tax withheld			
Brown LLC Group					184235.06			14093.98			
489 Liu Villages				5 N	5 Medicare wages and tips			6 Medicare tax withheld			
_					121322.24			3518.34			
South Thomasborough NV 46057-8717				7 S	7 Social security tips			8 Allocated tips			
					184235.06			121322.24			
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits			
396234									119		
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12			
					148			5315			
Seth Bailey				13 Statutory Retirement Third-party employee plan sick pay			12b				
341 Charles Mountains				етіріс	X	SICK Pay		D	640		
Morganberg CO 47155-8501				14 O	14 Other (see enclosed Notice to Employee)			n i			
								D	241		
				12d							
								н	921		
f Employee's address and ZIP cod	e										
15 State Employer's state ID nu		16 State wages, tips, etc.	17 State income	tax	18 Local wages, ti	ps, etc.	19 Local inc	come tax		20 Locality name	
VT 255-66	-026	88732.15	7477.8		151147.5	4	26813	.43		Amy Stravenue	
NM 497-84	-843	86586.78	6301.73		200100.3	86	18330	. 78		Hunter Mountain	

Wage and Tax

Form W-2 Statement

5010

Department of the Treasury--Internal Revenue Service

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	•	014	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			this income is taxable and you fail to report it.								
b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld				
21-7657558						162805.19			57402.86			
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld				
Brown LLC Group					184235.06			14093.98				
489 Liu Villages				5 N	5 Medicare wages and tips			6 Medicare tax withheld				
					121322.24			3518.34				
	South Thomasborough NV 46057-8717				7 8	7 Social security tips			8 Allocated tips			
						184235.06			121322.24			
d Contro	d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits			
	396234								119	9		
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12				
Seth Bailey					148			5315				
				13 Statu empl	*	d-party	12b	i				
341 Charles Mountains				S. 1, 1	X]		D 640)			
Morganberg CO 47155-8501			14 (Other (see enclosed Notice to E	mployee)	12c	i					
							D 24:	1				
							12d	_	-			
									_			
									н 921			
	oyee's address and ZIP coo		Tro or .	Lie ou i		Last to the state of the state	1	1		Land III		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income	tax	18 Local wages, tips, etc.		Local inco		20 Locality name		
VT	255-66	5-026	88732.15	7477.8		151147.54	2	6813.	43	Amy Stravenue		
NM	497-84	1-843	86586.78	6301.73		200100.36	1	8330.	78	Hunter Mountain		

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

