a Employee's social security no	umber		Safe, Accura	te,	_	Visit the IRS Website			
577-25-	-0723	OMB No. 1545-00	08 FAST! Use	IRS	≁file >	at www.irs.gov/efile.			
b Employer identification number (EIN)			ages, tips, other compensa	tion	2 Federal income tax withheld				
02-1835572			192884.45			41856.16			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Hall LLC LLC			192364.1			14715.85			
54982 Erin Station Suite 486			5 Medicare wages and tips			6 Medicare tax withheld			
			153682.95			4456.81			
South Jenniferton IN 89175-5089			7 Social security tips			8 Allocated tips			
			192364.1			153682.95			
d Control number			9			10 Dependent care benefits			
31						220			
e Employee's first name and initial Last name		Suff. 11 N	onqualified plans		12a See ins	tructions for box 12			
			174		g EE	7675			
Richard Williamson		13 Statu	•	hird-party	12b				
036 Danielle Cove		X		X x	е	916			
Petersfurt RI 49743-	14 C	ther		12c C					
					d P	779			
				-	12d				
					0	834			
f Employee's address and ZIP code					e X	004			
	vages, tips, etc. 17 State inc	come tax	18 Local wages, tips, etc.	19 L	ocal income tax	20 Locality name			
HI 354-84-869 96344	4.11 5417.	97	137599.34	35	666.93	Ferguson Forges			
PA 892-73-784 96895	5.46 4554.	94	138874.3	22	586.42	Brianna Highway			
Mana and Tax						ZZZZZZZ ZZGZZZZ			

Wage and Tax Statement 5074

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.

PA 892-7	3-784	96895.46	4554.94		138874.3	2258	86.42		Brianna Highwa		
HI 354-8	4-869	96344.11	5417.97		137599.34	3566	6.93		Ferguson Forge		
5 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loca	l income ta:	(20 Locality name		
f Employee's address and ZIP o	ode						~	1024			
							Q	834			
					12	2d	1				
						P	779				
Petersfurt RI 49743-4517				14	Other (see enclosed Notice to Emplo	yee) 12	2c	1			
036 Danielle Cove				Х	X X			916			
KICHAIU	willian	13011		13 State	utory Retirement Third-party bloyee plan sick pay	12	2b	ĺ			
Richard Williamson			174			EE 7675					
Employee's first name and initia	al Last name	9	Suff.	11	Nonqualified plans	12	a See in	structions f	or box 12		
3137316								220			
d Control number			9			10 Dependent care benefits					
					192364.1				82.95		
South Jenniferton IN 89175-5089			153682.95 7 Social security tips			8 Allocated tips					
						4456.81					
54982 Erin Station Suite 486				5 Medicare wages and tips			6 Medicare tax withheld				
Hall LLC LLC				192364.1			14715.85				
02-1835572 c Employer's name, address, and ZIP code				192884.45 3 Social security wages			41856.16 4 Social security tax withheld				
b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld					
		77-25-0723	OMB No	OMB No. 1545-0008 this income is taxable and you fail to				o report it.			
		al security number			This information is being furnition to file a tax return, a negligenous						

Wage and Tax

Form W-2 **Statement**Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)'



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

