019-65-7862	OMB No. 1545	5 0000		aliter -				
		3-0006	FAST! Use	G	≁file `	at www.i	rs.gov/efile.	
b Employer identification number (EIN)	1 Wages, tips, other com		s, other compensation	1	2 Feder	al income tax	c withheld	
86-3932650		221215.41			44688.45			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld		
Short LLC Inc			267860.38			20491.32		
31950 Phyllis Coves Suite 043			5 Medicare wages and tips			6 Medicare tax withheld		
-		181717.94			5269.82			
			7 Social security tips			8 Allocated tips		
			267860.38			181717.94		
d Control number	9 Verification Code				10 Dependent care benefits			
3!					142			
e Employee's first name and initial Last name Suff.			11 Nonqualified plans			12a See instructions for box 12		
		190			d L	3880		
Jessica Morales 54104 Weber Cape Apt. 744		Statutory		party	12b			
		employee plan sick pay			° Y 206			
Port Jasonmouth CA 24492-7961					12c			
					å K	800		
				-	12d			
					C	0.47		
				-	e e	847		
f Employee's address and ZIP code 5 State Employer's state ID number 16 State wages, tips, etc. 17 State	e income tax	18 Loca	I wages, tips, etc.	19 L	ocal income ta	ıx	20 Locality name	
	18.23		06.68		231.37		West Point	
OH 046-31-071 116971.22 1095	55.59	2087	38.12	25	367.93		Allen Terrace	

Wage and Tax Statement

Form W-2

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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.