

<b>a</b> Employee's SSN 538-39-9891		<b>b</b> Employer identification number (EIN) 27-1864566			OMB No. 1545-0008	
<b>c</b> Employer's name, address, and ZIP code WINCHESTER JAC LLC  840 KELLUM RD  OUTLOOK WA 98938		<b>1</b> Wgs, tips, other compn 2414.24	<b>2</b> Fed inc tax withheld 149.00	<b>3</b> Social security wages 2414.24		
		<b>4</b> SS tax withheld 149.68	<b>5</b> Medicare wages & tips 2414.24	<b>6</b> Medicare tax withheld 35.01		
		<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>		
<b>d</b> Control number		<b>10</b> Depdnt care benefits	<b>11</b> Nonqualified plans	<b>12a</b>		
<b>e</b> Employee's name, address, and ZIP code Suff. YAMIL EDI GOMEZ MARTINEZ 4301 OTTMAR RD NE MOSES LAKE WA 98837		<b>13</b> Statutory employee. <input type="checkbox"/>	<b>14</b> Other	<b>12b</b>		
		Retirement plan <input type="checkbox"/>		<b>12c</b>		
		Third-party sick pay <input type="checkbox"/>		<b>12d</b>		
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc	<b>19</b> Local income tax	<b>20</b> Locality name

REV 02/09/23 QBDT

Department of the Treasury — IRS

Form **W-2**  
**Wage and  
Tax  
Statement**  
**2022**

Copy B To Be Filed with  
Employee's FEDERAL  
Tax Return  
This information is being  
furnished to the Internal  
Revenue Service.

<b>a</b> Employee's SSN 538-39-9891		<b>b</b> Employer identification number (EIN) 27-1864566			OMB No. 1545-0008	
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REV 02/09/23 QBDT

Copy 2 To Be  
Filed With  
Employee's State,  
City, or Local  
Income Tax  
Return.

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Form **W-2**  
**Wage and  
Tax  
Statement**  
**2022**

Copy C For  
EMPLOYEE'S  
RECORDS.  
(See Notice to  
Employee.)

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Department of the Treasury — IRS

SHOULD BE 538-39-9891

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