FILED: NEW YORK COUNTY CLERK 03/20/2023 11:41 PM INDEX NO. 451625/2020

NYSCEF DOC. NO. 1603

RECEIVED NYSCEF: 03/20/2023

## EXHIBIT L

## FILED: NEW YORK COUNTY CLERK 03/20/2023 11:41 PM

RECEIVED NYSCEF: 03/20/2023

INDEX NO. 451625/2020

22222	Void	a Employe	e's socia	I security number	For Official U OMB No. 154								, <u>.</u>
b Employer identification number (EIN) 53-0116130					1 Wages, tips, other compensation 299245.60				2 Federal income tax withheld 81232.77				
c Employer's name	LE ASSOC C	F AMERIC	CA INC			3	Social se	curity wage	500.00	4	Social secu	•	withheld 347.00
11250 WAPLES FAIRFAX, VA 2		)				5	Medicare	wages and 2992	l tips 245.60	6	Medicare ta		neld 232.27
			<b>表</b>			7	Social se	curity tips	di	8 /	Allocated tip	ps	
d Control number 0102005033				6 8		9				10	Dependent	care b	enefits
e Employee's first i JOSHUA L	name and initial		name WELL		Suff.	31	Nonquali	fied plans		12a C	See instruc		or box 12 370.00
			an an an angles (m. jun	ன <b>க் சிறுத் நிற்ற</b> வசை வ வ இறு இறையை		13	Statutory employee	Retirement plan	Third-party sick pay	12b CDD	)	79	905.66
		l				14 (	Other			12c			
										12d	İ		
f Employee's addre	ss and ZIP code	•											
15 State Employer MI 53-0116	r's state ID numi 130	per	16 Stat	e wages, tips, etc. 299245.60	17 State incom 12299.		18 L	ocal wages,	tips, etc.	19 Loc	al income ta	х .	20 Locality name
			No com note that the state of the				101 100 100. cF 000-40-100 100-100-100	for mo day for the market was not see as					

Form WL2 Wage and Tax Statement

NYSCEF DOC. NO. 1603

2016

Copy A For Social Security Administration — Send this entire page with

Department of the Treasury—Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

INDEX NO. 451625/2020

RECEIVED NYSCEF: 03/20/2023

	a Employee's social security number	OMB No. 154	5-0008	Safe, accurate, FAST! Use	IRSP -	file	Visit the IRS website at www.irs.gov/efile	
b Employer identification number (El	N)		1 Wa	ges, tips, other co	mpensation	2 Federal income tax withheld		
53-0116130			299	245.60	81232.77			
c Employer's name, address, and Zi		3 So	cial security wag	98	4 Social security tax withheld			
NATIONAL RIFLE ASSOC O		118500.00			7347.00			
11250 WAPLES MILL ROAD FAIRFAX, VA 22030		5 Medicare wages and tips 299245.60			6 Medicare tax withheld 5232.27			
			7 Soc	cial security tips		8 Allocate	ed tips	
d Control number 0102005033		9			10 Dependent care benefits			
e Employee's first name and initial	e Employee's first name and initial L'ast name		11 No	Nonqualified plans		12a See ins	12a See instructions for box 12	
JOSHUA L	POWELL					c	870.00	
			13 State	utoty P≾irement loyee pian	Third-party sick pay	12b g DD	7905.66	
	I		14 Oth	er		12c		
						12d		
f Employee's address and ZIP code								
15 State Employer's state ID number MI 53-0116130	16 State wages, tips, etc. 299245.60	17 State incom 12299.		18 Local wages,	tips, etc. 1	9 Local incom	ne tax 20 Locality name	
]				g are set all 100, 200 100 100 100 100 100 100 100 100 100		ੇ ਆ ਕਿ ਇਸ ਵਜ਼ੇ ਸ਼ੁਰੂ ਜ਼ੁਰੂ	**************************************	

Form W2 Wage and Tax
Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return.

NYSCEF DOC. NO. 1603

2016

Department of the Treasury—Internal Revenue Service

NYSCEF DOC. NO. 1603

Copy C-For EMPLOYEE'S RECORDS (See Notice to

INDEX NO. 451625/2020

RECEIVED NYSCEF: 03/20/2023

Safe, accurate, FAST! Use

а	Employee's social security number	OMB No. 1545	5-00	This information is being furnis are required to file a tax return, may be imposed on you if this	hed to the a neglige income is	e Internal Rever ence penalty or taxable and yo	nue Service. If yo other sanction ou fail to report it
b Employer identification number (EIN)			1	Wages, tips, other compensation	2 Fe	deral income t	ax withheld
53-0116130				299245.60	299245.60 81		
c Employer's name, address, and ZIP	code	Î	3	Social security wages	4 Sc	cial security to	x withheld
NATIONAL RIFLE ASSOC OF AMERICA INC 11250 WAPLES MILL ROAD FAIRFAX, VA 22030				118500.00	7347.00 6 Medicare tax withheld		
				Medicare wages and tips			
				299245.60			5232.27
·			7	Social security tips	8 Al	ocated tips	
d Control number	7		9		10 De	pendent care	benefits
0102005033		and the					
e Employee's first name and initial	Last name	Suff.	11	Nonqualified plans	12a S	ee instructions	for box 12
JOSHUA L	POWELL		ď		į C		870.00
		redormal T	13	Statutory Fatherment Third-party employee plan sick pay	12b	,	
		1.			DD		7905.66
		,	14	Other	12c		
					ě		
					12d		
					9		
f Employee's address and ZIP code							
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income	e ta	18 Local wages, tips, etc.	9 Local	income tax	20 Locality name
MI 53-0116130	299245.60	12299.4	49				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Mage and T	ax	040		Department of the	Treasur	y—Internal Re	enue Service
Form W-2 Wage and To Statement	2	() 16		Safe, ac	curate,	IRS P	HIA

CONFIDENTIAL

RECEIVED NYSCEF: 03/20/2023

INDEX NO. 451625/2020

Void _	a Employee's social security number	OMB No. 1545-0	0008			
b Employer Identification number	er (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld		
53-0116130			299245.60	81232.77		
c Employer's name, address, ar	d ZIP code	3	3 Social security wages	4 Social security tax withheld		
NATIONAL RIFLE ASSO			118500.00	7347.00		
11250 WAPLES MILL RO	AD		5 Medicare wages and tips	6 Medicare tax withheld		
FAIRFAX, VA 22030			299245.60	5232.27		
		7	7 Social security tips	8 Allocated tips		
d Control number		9	9	10 Dependent care benefits		
0102005033				ľ		
e Employee's first name and init	al Last name	Buff. 11	1 Nonqualified plans	12a See instructions for box 12		
JOSHUA L	POWELL			C 870.00		
			Statutory R rement nird-pay employes plan sick pay	12b		
				DD 7905.66		
		14	4 Other	12c		
				å		
				12d		
				4		
f Employee's address and ZIP of	ode					
15 State Employer's state ID no	mber 16 State wages, tips, etc.	17 State income to	ax 18 Local wages, tips, etc. 1	9 Local income tax 20 Locality name		
MI 53-0116130	299245.60	12299.49				
	· · · · · · · · · · · · · · · · · · ·	*********************	# T # H	N A C U - P 4 N Y F H Q II B 2 G G G G G G G G G G G G G G G G G G		

Wage and Tax Statement

Copy D - For Employer

NYSCEF DOC. NO. 1603

2016

Department of the Treasury-Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

NYSCEF DOC. NO. 1603

RECEIVED NYSCEF: 03/20/2023

INDEX NO. 451625/2020

				_						
222	22	a Employee's social	security number	OMB No. 154	15-00	08				
b Employer identif	fication number (E	IN)			1	Wages, tips, other compensation	2	Federal income	tax withheld	
53-0116130						299245.60		8	31232.77	
c Employer's nam	e, address, and Z	IP code			3	Social security wages	4	Social security to	ax withheld	
NATIONAL RIFLE ASSOC OF AMERICA INC					118500.00			7347.00		
11250 WAPLE	ES MILL ROAD	)			5	Medicare wages and tips	6	Medicare tax wit	thheld	
FAIRFAX, VA	22030					299245.60	5232.27			
					7	Social security tips	8	Allocated tips		
						E 4				
d Control number		F- 1,1	affic Sc	pp. gar. 2	9		10	Dependent care	benefits	
0102005033		11: 22:24	A V				ı			
e Employee's first	name and initial	Last name	THE P.	Suff.	11	Nonqualified plans	12a	1		
JOSHUA L		POWELL	V. 45				įς	;	870.00	
			Alpha M.	2 SA 16	13	Statutory Flatirement hird-party employee plan sick pay	12t	•		
				in in	1		o D	D	7905.66	
				11 ,	14	Other	120	;		
							od e			
							12d			
							ğ			
f Employee's addr	ess and ZIP code									
15 State Employe	er's state ID numb	er 16 State	wages, tips, etc.	17 State incom	ne ta	18 Local wages, tips, etc. 1	9 Lo	cal income tax	20 Locality name	
MI 53-011	6130		299245.60	12299	.49					

**L2** Wage and Tax Statement Copy 1—For State, City, or Local Tax Department

2016

Department of the Treasury-Internal Revenue Service

INDEX NO. 451625/2020

RECEIVED NYSCEF: 03/20/2023

a En	nployee's social security number	OMB No. 154	5-0008				
b Employer identification number (EIN)		•	1 Wa	ages, tips, other compensation	2 Federal income tax withheld		
53-0116130			299245.60	81232.77			
c Employer's name, address, and ZIP cod		3 Sc	ocial security wages	4 Social security tax withheld			
NATIONAL RIFLE ASSOC OF A			118500.00	7347.00			
11250 WAPLES MILL ROAD			5 M	edicare wages and tips	6 Medicare tax withheld		
FAIRFAX, VA 22030			299245.60	5232.27			
771111703, 47722000			7 So	cial security tips	8 Allocated tips		
d Control number			9		10 Dependent car	e benefits	
0102005033		. [/					
e Employee's first name and initial	st name	Suff.	11 No	nqualified plans	12a		
JOSHUA L	POWELL				å C	870.00	
			13 Star	tutory Safroment Shird-party ployee plan sick pay	12b 2 DD	7905.66	
			14 Oth	ner	12c		
					12d		
					C d		
f Employee's address and ZIP code					ě		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tips, etc.	9 Local income tax	20 Locality nam	
MI 53-0116130	299245.60	12299.	49				
1					· 2017年 201		

Form W42 Wage and Tax Statement

NYSCEF DOC. NO. 1603

2016

Copy 2-To Be Filed With Employee's State, City, or Local

Department of the Treasury—Internal Revenue Service