

EXHIBIT L

22222		Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		For Official Use Only ▶ OMB No. 1545-0008	
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, address, and ZIP code NATIONAL RIFLE ASSOC OF AMERICA INC 11250 WAPLES MILL ROAD FAIRFAX, VA 22030				3 Social security wages 118500.00		4 Social security tax withheld 7347.00	
				5 Medicare wages and tips 299245.60		6 Medicare tax withheld 5232.27	
				7 Social security tips		8 Allocated tips	
d Control number 0102005033				9 [REDACTED]		10 Dependent care benefits	
e Employee's first name and initial JOSHUA L		Last name POWELL		Suff. [REDACTED]		11 Nonqualified plans C 870.00	
[REDACTED]		[REDACTED]		13 Statutory employee <input type="checkbox"/>		12b CDD 7905.66	
				Retirement plan <input type="checkbox"/>		12c	
				Third-party sick pay <input type="checkbox"/>		12d	
f Employee's address and ZIP code				14 Other		[REDACTED]	
15 State Employer's state ID number MI 53-0116130		16 State wages, tips, etc. 299245.60		17 State income tax 12299.49		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

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

a Employee's social security number [REDACTED]		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile	
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, address, and ZIP code NATIONAL RIFLE ASSOC OF AMERICA INC 11250 WAPLES MILL ROAD FAIRFAX, VA 22030		3 Social security wages 118500.00		4 Social security tax withheld 7347.00	
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d Control number 0102005033		9 [REDACTED]		10 Dependent care benefits	
e Employee's first name and initial JOSHUA L [REDACTED] Last name POWELL		11 Nonqualified plans		12a See instructions for box 12 C 870.00	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD 7905.66	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State MI	Employer's state ID number 53-0116130	16 State wages, tips, etc. 299245.60	17 State income tax 12299.49	18 Local wages, tips, etc.	19 Local income tax
				20 Locality name	

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

2016

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.

a Employee's social security number [REDACTED]		OMB No. 1545-0008				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 this income is taxable and you fail to report it.	
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, address, and ZIP code NATIONAL RIFLE ASSOC OF AMERICA INC 11250 WAPLES MILL ROAD FAIRFAX, VA 22030			3 Social security wages 118500.00		4 Social security tax withheld 7347.00		
			5 Medicare wages and tips 299245.60		6 Medicare tax withheld 5232.27		
			7 Social security tips		8 Allocated tips		
d Control number 0102005033			9 [REDACTED]		10 Dependent care benefits		
e Employee's first name and initial Last name JOSHUA L POWELL [REDACTED]			11 Nonqualified plans		12a See instructions for box 12 C 870.00		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b DD 7905.66		
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
MI	53-0116130	299245.60	12299.49				

Form

W-2 Wage and Tax Statement**2016**

Department of the Treasury—Internal Revenue Service

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

Safe, accurate,
FAST! Use

Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008	
b Employer identification number (EIN) 53-0116130			1 Wages, tips, other compensation 299245.60		2 Federal income tax withheld 81232.77
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d Control number 0102005033			9 [REDACTED]		10 Dependent care benefits
e Employee's first name and initial JOSHUA L [REDACTED] [REDACTED]			Last name POWELL		11 Nonqualified plans
			12a See instructions for box 12 C 870.00		
			12b DD 7905.66		
			12c 12d		
f Employee's address and ZIP code			13 Statutory employees <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		
15 State Employer's state ID number MI 53-0116130			16 State wages, tips, etc. 299245.60	17 State income tax 12299.49	18 Local wages, tips, etc.
					19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax Statement
Copy D — For Employer

2016

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

22222		a Employee's social security number [REDACTED]		OMB No. 1545-0008	
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d Control number 0102005033			9 [REDACTED]		10 Dependent care benefits
e Employee's first name and initial JOSHUA L [REDACTED] f Employee's address and ZIP code			Last name POWELL		Suff.
			11 Nonqualified plans		12a C 870.00
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD 7905.66
			14 Other		12c [REDACTED] 12d [REDACTED]
15 State MI	Employer's state ID number 53-0116130	16 State wages, tips, etc. 299245.60	17 State income tax 12299.49	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form

W-2 Wage and Tax Statement

2016

Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

		a Employee's social security number [REDACTED]		OMB No. 1545-0008		
b Employer identification number (EIN) 53-0116130		1 Wages, tips, other compensation 299245.60		2 Federal income tax withheld 81232.77		
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e Employee's first name and initial JOSHUA L [REDACTED]		Last name POWELL		Suff. [REDACTED]		
		11 Nonqualified plans		12a C 870.00		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD 7905.66		
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State MI	Employer's state ID number 53-0116130	16 State wages, tips, etc. 299245.60	17 State income tax 12299.49	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

Form **WF-2** Statement
Copy 2—To Be Filed With Employee's State, City, or Local

2016

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