REISSUE	D a Employee's so	cial security number			Safe, Acc	curate,	H		isit the IF	RS Website	
STATEME	NT TN	750-30-7115	OMB N	No. 1545-0	008 FAST! U	se		at	t www.irs	s.gov/efile.	
b Employer identification number				1 \	1 Wages, tips, other compensation			2 Federal income tax withheld			
38-8608215					173180.23	48776.65					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Warner, Lopez and Jenkins Inc					144945.08			11088.3			
10409 Katherine Cliff Rebeccashire NY 34467-9257				5 1	Medicare wages and tip	6 1					
					159274.11		4618.95				
Redeccashire Ni 34407-9257				7 Social security tips			8 /	8 Allocated tips			
					144945.08			159274.11			
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits			
9215623								128			
e Employee's first name and initial Last name				11 1	11 Nonqualified plans			12a See instructions for box 12			
				232				4792			
Laura Young				13 Statutory Retirement Third-party employee plan sick pay			12b	12b			
24277 Valentine Ville Suite 524				emp	x x			367			
West Chelsea CO 04532-8677					14 Other (see enclosed Notice to Employee)			12c			
West chersed to 04332 0077								G 3	386		
							12d				
								1	.03		
. Familia de la desarra									.03		
f Employee's address 15 State Employer'	and ZIP code s state ID number	16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips	etc. 1	9 Local inco	me tax	1	20 Locality name	
	49-60-152	93328.59	3183.58		126736.41		1041.			Stanton Lights	
IN 6	62-50-564	86605.6	3943.49		216334.1	2	0412.	80		Jose Street	

Wage and Tax Statement

Form W-2

5070

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	7!	50-30-7115	OMB N	OMB No. 1545-0008 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 Emplo	b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
38-8608215					173180.23			48776.65				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Warner, Lopez and Jenkins Inc				144945.08			11088.3					
10409 Katherine Cliff				5 Medicare wages and tips			6 Medicare tax withheld					
Rebeccashire NY 34467-9257					159274.11			4618.95				
					7 Social security tips			8 Allocated tips				
					144945.08			159274.11				
d Control number				9 Advance EIC payment			10 Dependent care benefits					
	9215623								128			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Laura Young				232			4792					
				13 Statutory Retirement Third-party			12b					
24277 Valentine Ville Suite 524					emp	loyee plan sick pay			367			
West Chelsea CO 04532-8677				14 Other (see enclosed Notice to Employee)			12c					
	West Chersea CO 04332-8077							G	386			
								12d	300			
									100			
				1			103					
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 t	av	20 Locality name			
NJ	849-60		93328.59	3183.58		126736.41	'	.041.86		,		
NO	049-00)-13Z	33320.33	2103.30		120/30.41	21	.041.00	, 	Stanton Lights		
IN	662-50	-564	86605.6	3943.49		216334.1	20	412.08	}	Jose Street		

Wage and Tax

Form W-2 **Statement**Copy C For EMPLOYEE'S RECORDS.
(See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

