F	REISSUED	a Employee's socia	l security number				Safe, Accurate,	20.0	- GH		Visit the	IRS Website	
S	TATEMENT	44	4-12-3615	OMB N	No. 1545-0	8000	FAST! Use		7 111	e	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
	95-1367861					117647.67			27436.6				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Lee-Henson LLC						85643.06				6551.69			
534 Rivera Lakes Apt. 908 New Jennifer FL 77490-3830					5 Medicare wages and tips				6 Medicare tax withheld				
					139116.47				4034.38				
					7 Social security tips				8 Allocated tips				
					85643.06			139116.47					
d Control number					9 Advance EIC payment				10 Dependent care benefits				
4390580									160				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
	John Stanley					142			н 1618				
						13 Statutory Retirement Third-party employee plan sick pay					1		
8861 Travis Center Apt. 295 Jackport MO 38838-8760					14 Other (see enclosed Notice to Employee)					E	389		
									12c				
										G	447		
									12d				
										E	123		
f Emplo	vee's address and ZIP cod	•								ü	123		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	-	18 Loc	cal wages, tips, etc.	19 (_ocal inc	ome tax		20 Locality name	
UT	165-30	-215	61721.17	5579.19		128	375.06	15	645	. 68		Gloria Valley	
								1					
WY	675-50	-787	63072.64	6238.16		999	79.92	17	364	. 36		Schmitt Freeway	

Wage and Tax

This information is being furnished to the Internal Revenue Service.

5070 **Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--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	4	44-12-3615	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	yer identification number	•			1 \	Vages, tips, other compensation		2 Federal income tax withheld				
95-1367861					117647.67			27436.6				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Lee-Henson LLC 534 Rivera Lakes Apt. 908 New Jennifer FL 77490-3830						85643.06	6551.69					
					5 1	Medicare wages and tips	6 Medicare tax withheld					
						139116.47	4034.38					
					7 3	Social security tips	8 Allocated tips					
						85643.06	139116.47					
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	4390580								160			
e Emplo	e Employee's first name and initial Last name					lonqualified plans	12a See instructions for box 12					
	John Stanley					142			н 1618			
						tory Retirement Third-party	12b					
8861 Travis Center Apt. 295 Jackport MO 38838-8760					x plan sick pay 14 Other (see enclosed Notice to Employee)			E	389			
								12c				
	backpoic Mo 30030 0700						G	447				
							-	12d	1			
									122			
							E 123					
15 State	eyee's address and ZIP con Employer's state ID no		16 State wages, tips, etc.	17 State income tax	l	18 Local wages, tips, etc.	19 L	_ocal incom	e tax	20 Locality name		
UT	165-30		61721.17	5579.19		128375.06	15	645.6	8	Gloria Valley		
	103 30	, 213	01,21.1,	33,3.19		120373.00	123	043.0		GIOITA VAITEY		
WY	675-50)-787	63072.64	6238.16		99979.92	17	364.3	6	Schmitt Freeway		

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

