REISS	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website						te			
STATE	MENT 09	95-09-3236	OMB No	o. 1545-0	008 FAST! U	se	E~I	ile	at www.i	rs.gov/efile.			
<b>b</b> Employer identif	<b>b</b> Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld				
77-2886888				155209.11				39190.46					
c Employer's nam	e, address, and ZIP code			3 Social security wages				4 Social security tax withheld					
Lopez-Marsh Ltd				143393.0				10969.56					
28669 White Lodge				5 Medicare wages and tips				6 Medicare tax withheld					
West Steven TN 86000-5921					173286.68				5025.31				
west steven in 80000-3921					7 Social security tips			8 Allocated tips					
				143393.0				173286.68					
d Control number				9 Advance EIC payment			10	10 Dependent care benefits					
3959601								247					
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12					
Jeffrey Dixon				217				D 1182					
				13 Statutory Retirement Third-party employee plan sick pay				12b					
67235 Linda Station Apt. 315					plan X	sick pay		G	557				
Ryanside SD 20269-2752					14 Other (see enclosed Notice to Employee)				1				
									442				
									12d				
								Н	733				
	ress and ZIP code				•								
l '	oyer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips		19 Local i		(	20 Locality	name		
VA	508-65-150	82303.3	7241.19		155863.01		1904	7.54		Joseph	Light		
NM	251-83-098	73449.58	8157.06		111488.99	)	21662	2.18		Cochran	Knoll		

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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 soc	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	0	95-09-3236	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>b</b> Emplo	<b>b</b> Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld				
77-2886888				155209.11			39190.46					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Lopez-Marsh Ltd				143393.0			10969.56					
28669 White Lodge				5 Medicare wages and tips			6 Medicare tax withheld					
						5025.31						
West Steven TN 86000-5921					7 5		8 Allocated tips					
				143393.0			173286.68					
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits				
	3959601								247			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
	Jeffrey Dixon				217			D 1182				
					13 Statu	12b						
67235 Linda Station Apt. 315 Ryanside SD 20269-2752					employee plan sick pay  X  Other (see enclosed Notice to Employee)				G	557		
					14 (	other (see enclosed Notice to Employ	/ee)	12C	I			
					!			442				
								12d	i			
									H	733		
f Emplo	f Employee's address and ZIP code											
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	Local incor	ne tax		20 Locality name	
VA	508-65	5-150	82303.3	7241.19		155863.01	19	047.	54		Joseph Light	
NM	251-83	3-098	73449.58	8157.06		111488.99	21	662.	18		Cochran Knoll	

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

