F	REISSUED	a Employee's socia	l security number				Safe, Accurate,	IRG 1	.∠GHI		Visit the	IRS Website	
S	TATEMENT	01	18-77-2818	OMB N	o. 1545-0	8000	FAST! Use		~fil		at www.ii	rs.gov/efile.	
b Employer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld				
	01-7443772					80711.61				8908.49			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Lawrence-Williams Ltd					61054.22				4670.65				
75548 Thomas Village Nathanielmouth VT 93306-5186					5 Medicare wages and tips				6 Medicare tax withheld				
					60978.2				1768.37				
					7 Social security tips				8 Allocated tips				
					61054.22			60978.2					
d Control number					9 Advance EIC payment			10 Dependent care benefits					
9442702								281					
e Emplo	yee's first name and initial	Last name			11 Nonqualified plans			12a See instructions for box 12					
					150			G 3679					
	Madison Novak				13 Statutory Retirement Third-party				12b				
20707 James Haven Apt. 808				mployee plan sick pay X Other (see enclosed Notice to Employee)				:	D 211				
Baileyberg GA 62019-2774								12c					
								G 430					
								12d					
									120	1			
											464		
	yee's address and ZIP cod		<u></u>										
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			ll wages, tips, etc.		Local inco			20 Locality name	
AK	717-33	-949	38582.29	4091.36		61891.35		11	1286.82			David Stravenue	
AZ	438-32	-856	44028.79	3920.09	101769.78		10	0145.81			Patricia Turnpike		

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.

REISSUED	a Employee's soci		This information is being furnished to the Internal Revenue Service. If you are required								
STATEMENT	to file a tax return, a negligence penalty or other sanction may be imposed or								e imposed on you if		
b Employer identification number					Wages, tips, other compensation			2 Federal income tax withheld			
01-7443772					80711.61		8908.49				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Lawrence-Williams Ltd					61054.22			4670.65			
75548 Thomas Village					ledicare wages and tips	6	6 Medicare tax withheld				
					60978.2		1768.37 8 Allocated tips				
Nathanie	Nathanielmouth VT 93306-5186					8					
					61054.22			60978.2			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
9442702								281			
e Employee's first name and	initial Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
Wadi san	Madison Novak 20707 James Haven Apt. 808 Baileyberg GA 62019-2774				150			G 3679			
Madison					ory Retirement Third-party byee plan sick pay	12	b	i			
20707 Ја					employee plan sick pay			D 211			
Bailevb					other (see enclosed Notice to Employ	ee) 12	12c				
							G 430				
						12	12d				
								464			
f Employee's address and Z											
15 State Employer's state		16 State wages, tips, etc.	17 State income tax		1 to		income ta	x	20 Locality name		
AK 717	-33-949	38582.29	4091.36		61891.35	1128	6.82		David Stravenue		
AZ 438	-32-856	44028.79	3920.09		101769.78	1014	5.81		Patricia Turnpike		

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

