F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website						ite		
S	TATEMENT	79	7-80-6279	OMB N	No. 1545-000	8 FAST! U	se			at www.i	rs.gov/efile	Э.	
b Employer identification number					1 W	 Wages, tips, other compensation 			Federal income tax withheld				
61-9522082						93663.22			25278.91				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Brown, Lopez and Hill Group						117655.86			9000.67				
231 Tran Curve									6 Medicare tax withheld				
New Crystalhaven OH 93136-5980						80907.46				2346.32			
					7 So	7 Social security tips				8 Allocated tips			
						117655.86			80907.46				
d Control number					9 Ad	9 Advance EIC payment			10 Dependent care benefits				
8523651										194			
e Emplo	oyee's first name and initial	Last name)		11 No	11 Nonqualified plans			12a See instructions for box 12				
					164				7239				
	Deborah	Hollow	ay			13 Statutory Retirement Third-party							
846 Sara Mission Suite 486					emplo		sick pay			735			
Evanstown IL 21371-5299					14 O	her (see enclosed No	tice to Employee	e) 12c		Ī			
										195			
									12d				
									н	859			
f Emplo	oyee's address and ZIP cod	e								1000			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc. 1	19 Local inc	come tax		20 Localit	y name	
со	941-94	-400	46911.15	2758.11		116693.1	1	18532	.14		Lynch	Center	
ND	114-01	-786	47682.35	2364.99		89862.33	1	18040	. 82		Nancy	Glens	
Wage and Tax Statement						Department of the TreasuryInternal Revenue Service							

Statement Form W-2 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 social security number This information is being furnished to the Internal Revenue Service. I											
S	TATEMENT	79	97-80-6279	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					Wages, tips, other compensation			2 Federal income tax withheld			
61-9522082						93663.22			25278.91			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Brown, Lopez and Hill Group						117655.86			9000.67			
231 Tran Curve New Crystalhaven OH 93136-5980					5 Medicare wages and tips			6 Medicare tax withheld				
						80907.46	2346.32					
					7 Social security tips			8 Allocated tips				
					117655.86			80907.46				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	8523651								194			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Deborah Holloway					164			7239			
						tutory Retirement Third-party		12b				
846 Sara Mission Suite 486 Evanstown IL 21371-5299					employee plan sick pay 14 Other (see enclosed Notice to Employee)			735				
								12c				
								195				
								12d				
								н 859				
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						140 1	40					
15 State	Employer's state ID nu		16 State wages, tips, etc.			3.7,7,7,		Local income tax	·	20 Locality name		
СО	941-94	1-400	46911.15	2758.11	116693.1			532.14	Lynch Center			
ND	114-01	114-01-786 47682.35 2364.99		2364.99	89862.33		18	040.82	Nancy Glens			

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

