| REISSUED a Employee's social security number | | | Safe, Accurate, | IRS • | A STILL | Visit the IRS | Website | | |
|---|--------------------------|-------------|--|-------------------------|-----------------|-----------------------------|---------------|--|--|
| STATEMENT 010-61-3294 | OMB N | lo. 1545-00 | 08 FAST! Use | | *file | at www.irs.go | v/efile. | | |
| b Employer identification number | | 1 W | ages, tips, other compensation | | 2 Federa | l income tax withl | neld | | |
| 33-5559161 | | | 180203.62 | | 4428 | 1.54 | | | |
| c Employer's name, address, and ZIP code | | 3 S | ocial security wages | | 4 Social s | security tax withh | eld | | |
| Lane-Marks Inc | | | 138410.06 | | 1058 | 8.37 | | | |
| 7564 Lisa Fields Suite 315 | | | edicare wages and tips | 6 Medicare tax withheld | | | | | |
| East Thomas NM 71967-2391 | | | 181330 . 61 7 Social security tips | | | 5258.59 8 Allocated tips | | | |
| | | | | | | | | | |
| d Control number | | 9 A | dvance EIC payment | | 10 Depend | dent care benefits | 3 | | |
| 3214084 | | | | | | 137 | | | |
| e Employee's first name and initial Last name | | 11 N | onqualified plans | | 12a See in: | structions for bo | ox 12 | | |
| | | | 132 | | | 1320 | | | |
| Amber Daugherty | | 13 Statut | | | 12b | 1 | | | |
| 7792 Tiffany Prairie Cynthiahaven MA 09882-4022 | | | employee plan sick pay 14 Other (see enclosed Notice to Employee) | | | 191 | | | |
| | | | | | | i | | | |
| | | | | | | 305 | | | |
| | | | | | 12d | 1 | | | |
| | | | | | D | 217 | | | |
| f Employee's address and ZIP code | | | | ŀ | | | | | |
| 15 State Employer's state ID number 16 State wages, tips, e | etc. 17 State income tax | | 18 Local wages, tips, etc. | 19 L | ocal income tax | 20 | Locality name | | |
| SD 459-64-863 93562.67 | 5762.12 | | 152845.7 | 23 | 049.28 | Bre | ett Springs | | |
| NE 400-58-423 87834.12 | 4744.7 | | 224355.38 | 25 | 591.68 | Pa | ul Stream | | |

Wage and Tax

Form W-2 Statement

5010

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 so | ocial security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | |
|---|----------------------------|----------------------------|--|---|---------------------------------|---------------------------------|-----------|--------------|------------------|
| S | TATEMENT | 010-61-3294 | 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 | Wages, tips, other compensation | | 2 Federa | l income tax | x withheld |
| 33-5559161 | | | 180203.62 | | | 44281.54 | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Lane-Marks Inc | | | 138410.06 | | | 10588.37 | | | |
| 7564 Lisa Fields Suite 315 East Thomas NM 71967-2391 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | |
| | | | 181330 . 61 7 Social security tips | | | 5258.59 8 Allocated tips | | | |
| | | | | | | | | | |
| d Contro | ol number | | | 9 | Advance EIC payment | | 10 Depend | dent care be | enefits |
| | 3214084 | | | | | | | 137 | |
| e Employee's first name and initial Last name | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| Amber Daugherty | | | 132 | | | 1320 | | | |
| | | | 13 Stat | | , | 12b | 1 | | |
| 7792 Tiffany Prairie | | | employee plan sick pay | | | P 191 | | | |
| Cynthiahaven MA 09882-4022 | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | |
| | | | | | | 305 | | | |
| | | | | | | | 12d | | |
| | | | | | | | D | 217 | |
| | yee's address and ZIP code | | | | | | | | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 10 = 11 mag 11, np 1, 11 m | | 1.0 | | | 20 Locality name |
| SD | 459-64-863 | 93562.67 | 5762.12 | 152845.7 23049.28 | | Brett Springs | | | |
| NE | 400-58-423 | 87834.12 | 4744.7 | | 224355.38 | 25 | 5591.68 | | Paul Stream |

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

