REISSUED a Employee's social security number						Safe, Accura	te,	J.G		Visit the	IRS Website		
S	TATEMENT	1	49-29-8629	OMB N	No. 1545-0008	FAST! Use				at www.	irs.gov/efile.		
b Employer identification number						 Wages, tips, other compensation 			2 Federal income tax withheld				
67-5139016						165770.11			59396.43				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Lewis-Diaz and Sons						157896.85			12079.11				
028 Renee Oval Suite 366						· ····································			6 Medicare tax withheld				
Lake Tonyafort IN 55582-4696						160380.43				4651.03			
					7 Soc	7 Social security tips				8 Allocated tips			
					1	157896.85				160380.43			
d Control number					9 Adv	9 Advance EIC payment			10 Dependent care benefits				
7865886										107			
e Employee's first name and initial Last name					11 No	11 Nonqualified plans			12a See instructions for box 12				
					116				н 8810				
	Alexis	Brownir	ıg		13 Statutor								
043 Fletcher Estates Matthewside FL 97265-0846						employee plan sick pay				802			
					14 Oth	er (see enclosed Notice to	Employee)	12c		ı			
										701			
								12d		i i			
									P	930			
f Emplo	ovee's address and ZIP code	e											
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	1	8 Local wages, tips, etc.	19	Local inc	come tax	(20 Locality name		
ОН	515-44	-104	85987.3	3934.6	1	L32432.26	22	2722	.13		Mack Corner		
MS	801-51	-449	79754.87	3662.53	1	144743.6		.9478.29			Carpenter Pike		
Wage and Tax					Π	Department of the TreasuryInternal Revenue Service							
Form W-2 Statement					u								

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.

	EISSUED	a Employee's soci	•	OMDA	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT					this income is taxable and you fail to report it.						
b Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld			
67-5139016						165770.11			59396.43			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Lewis-Diaz and Sons 028 Renee Oval Suite 366						157896.85			12079.11			
						Medicare wages and tips	6 Medicare tax withheld					
Lake Tonyafort IN 55582-4696						160380.43	4651.03					
					7 5	Social security tips	8 Allocated tips					
						157896.85	160380.43					
d Control number					9 Advance EIC payment			10 Dependent care benefits				
'	7865886				107							
e Employ	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Alouis Promine					116			н 8810				
	Alexis Browning					tory Retirement Third-party oyee plan sick pay	12b	1				
043 Fletcher Estates Matthewside FL 97265-0846								802				
					14 Other (see enclosed Notice to Employee)			12c				
								701				
								12d	i			
									930			
	yee's address and ZIP co		1	1		1						
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax	:	20 Locality name		
OH	515-44	4-104	85987.3	3934.6		132432.26	22	722.13		Mack Corner		
MS	801-51	L- 44 9	79754.87	3662.53		144743.6	19	478.29		Carpenter Pike		

Wage and Tax

Statement Form W-2 Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

