R	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website						site			
ST	TATEMENT	28	86-99-4036	OMB N	o. 1545-0	800	FAST! Use		7 111	6	at www.i	rs.gov/efile	€.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
64-7253142						196908.51				44832.21				
c Employ	yer's name, address, and 2	IP code			3	3 Social security wages				4 Social security tax withheld				
Lamb-Martinez LLC					241457.28				18471.48					
477 Melissa Isle					5 Medicare wages and tips				6 Medicare tax withheld					
South Sarah RI 05226-8899					224507.64				6510.72					
					7 Social security tips				8 Allocated tips					
					241457.28				224507.64					
d Control number					9 Advance EIC payment				10 Dependent care benefits					
6634031					227									
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12							
					267				G 4959					
Scott Edwards				13 Statutory Retirement Third-party employee plan sick pay				12b		1				
7035 Sanchez Port								817						
North Melissa MA 46360-6142						14 Other (see enclosed Notice to Employee)				12c				
NOICH MEIISSE PAR 40500 0142								529						
									12d					
										E	227			
4 Fle-	vee's address and ZIP cod	_								<u></u>	221			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local	wages, tips, etc.	19	Local inc	ome tax	(20 Localit	y name	
UT	226-34	-370	91352.52	12546.01		158049.03 3		33	33865.8			King	Path	
MO	572-84	-964	102604.24	11761.15	239291.85 22		22	22042.48			Holt	Drive		

Wage and Tax Statement 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.

REISSUED	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are re												
STATEMENT	STATEMENT 286-99-4036 OMB No. 1545						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 Employer identification number					/ages, tips, other compensation		2 Federal income tax withheld						
64-7253142					196908.51		44832.21						
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld					
Lamb-Martinez LLC					241457.28			18471.48					
477 Melissa Isle South Sarah RI 05226-8899					ledicare wages and tips		6 Medicare tax withheld						
					224507.64		6510.72						
					ocial security tips		8 Allocated tips						
					241457.28		224507.64						
d Control number					dvance EIC payment		10 Dependent care benefits						
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e Employee's first name and initial Last name					onqualified plans		12a See instructions for box 12						
Coally Thomas					267			G 4959					
Scott Edwards				13 Statut emplo			12b	1					
7035 Sanchez Port North Melissa MA 46360-6142					X X			817					
					other (see enclosed Notice to Employ	ee)	12c						
							529						
							12d						
				E	227								
f Employee's address and ZIP code													
15 State Employer's state II		16 State wages, tips, etc.	17 State income tax		3.7,7,7,		ocal income tax	20 Locality name					
UT 226-	34-370	91352.52	12546.01		158049.03 3		33865.8		King	Path			
MO 572-	34-964	102604.24	11761.15		239291.85	220	042.48		Holt	Drive			

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

