REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website		
STATEMENT	36	52-28-6099	OMB No	o. 1545-00	08 FAST! Use		Tile	at www.ir	s.gov/efile.	
b Employer identification number			•	1 Wages, tips, other compensation			2 Federal income tax withheld			
10-6816906				83478.47			24022.39			
c Employer's name, address, and	ZIP code			3 Social security wages			4 Social security tax withheld			
Lopez, Green and King Inc			72447.42			5542.23				
1212 Jeremy Freeway				5 N	edicare wages and tips		6 Medicare tax withheld			
				91454.58		2652.18				
Lake Jeffrey WI 96486-8954				7 Social security tips			8 Allocated tips			
				72447.42			91454.58			
d Control number			9 A	dvance EIC payment		10 Depend	dent care be	nefits		
8367216							137			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
			253			2115				
Marc Walker				13 Statutory Retirement Third-party			12b			
004 Baker Mountain Apt. 257				emplo	yee plan	sick pay	E	183		
_				14 O	ther (see enclosed Notice	e to Employee)	12c			
Bestberg NY 33170-9637								-10		
			G				- I			
							12d	I		
							E	791		
f Employee's address and ZIP coo		•	•							
15 State Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e		Local income tax		20 Locality name	
CA 891-62	2-474	37609.99	4818.16		104776.62 93		9188.47		Amber Summit	
LA 683-80	0-068	39586.03	4365.82		66763.63	14	4477.86		Gonzalez Valley	

Wage and Tax

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.

F	REISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required					
_	TATEMENT	36	52-28-6099	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 Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld			
10-6816906				83478.47			24022.39			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Lopez, Green and King Inc				72447.42			5542.23			
1212 Jeremy Freeway				5 Medicare wages and tips			6 Medicare tax withheld			
Lake Jeffrey WI 96486-8954				91454.58			2652.18			
				7 Social security tips			8 Allocated tips			
				72447.42			91454.58			
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits		
	8367216							137		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
	Marc Walker			253			2115			
				13 Statutory Retirement Third-party			12b			
004 Baker Mountain Apt. 257			emple	pyee plan sick pay		E	183			
Bestberg NY 33170-9637				14 Other (see enclosed Notice to Employee)			12c			
Descripting SSI/C 903/			G				718			
			12d							
							_	-01		
							E 791			
f Employee's address and ZIP code 15 State Employee's state ID number 16 State wages, tips, etc. 17 State income tax				18 Local wages, tips, etc.	10 1	ocal income tax		20 Locality name		
CA	891-62		37609.99	4818.16		104776.62	_	88.47		1
CA	891-62	-4/4	3/009.99	4010.10		104//0.62	31	00.4/		Amber Summit
LA	683-80	-068	39586.03	4365.82		66763.63	14	477.86		Gonzalez Valley

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

