REI	SSUED	a Employee's socia	•			Safe, A	ccurate,	260	AH C	Visit the	IRS Website		
STAT	TEMENT	88	31-17-5202	OMB	No. 1545-0	008 FAST!	Use	G	file	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
55	-0574431					78677.85			16785.29				
c Employer's	name, address, and Z	IP code			3	3 Social security wages			4 Social security tax withheld				
Lopez Group Ltd						66388.39			5078.71				
2648 Jensen Branch Perezburgh LA 94554-3486					5	ggp				6 Medicare tax withheld			
						67440.33				1955.77			
Pe	rezburgn	TH 343	34-3400		7	7 Social security tips				8 Allocated tips			
						66388.39			67440.33				
d Control nur	d Control number				9	9 Advance EIC payment			10 Dependent care benefits				
96	46777								290				
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12					
	Henry Davis					191			G 1796				
не						13 Statutory Retirement Third-party			2b				
11713 Rodriguez Club Suite 092 Jacobhaven RI 91460-3428						mployee plan sick pay X X Sick pay 14 Other (see enclosed Notice to Employee)				D 763			
					14								
										639			
									12d				
										440			
									H	448			
	s address and ZIP code Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		10		140 1	al income tax		20 Locality name		
					(3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				·	20 Locality name		
ME	201-95	-553	40453.22	3005.85		92715.13		141	14126.11		James Junctions		
MI	333-80	-168	40611.79	2658.56		58079.61	=	143	98.33		Bailey Row		

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

5070

Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

F	REISSUED	a Employee's socia	•		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							
S	TATEMENT	88	31-17-5202	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Emplo	b Employer identification number					Vages, tips, other compensation		Federal income tax withheld				
55-0574431					78677.85			16785.29				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Lopez Group Ltd					66388.39			5078.71				
2648 Jensen Branch					5 N	Medicare wages and tips	6 Medicare tax withheld 1955.77					
						67440.33						
	Perezburgh LA 94554-3486					Social security tips	8 Allocated tips					
						66388.39	67440.33					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	9646777								290			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
					191			G 1796				
	Henry Davis 11713 Rodriguez Club Suite 092					tory Retirement Third-party	12b	1				
						employee plan sick pay			763			
Jacobhaven RI 91460-3428					14 Other (see enclosed Notice to Employee)			12c				
bacobnaven Ri 91400 5420						639						
									12d			
									448			
f Employee's address and ZIP code												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		_ocal income tax		20 Locality name		
ME	201-95	5-553	40453.22	3005.85		92715.13	14	126.11		James Junctions		
MI	333-80	-168	40611.79	2658.56		58079.61	14	398.33		Bailey Row		

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

