REISSUED a Employee's social secu	rity number			Safe, Acci	urate,		Visit the IRS Website			
STATEMENT 779-	45-2620	OMB No	. 1545-00	08 FAST! Us	e	*file	at www.irs.gov/efile.			
b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
11-6793344				203479.03		57442.96				
c Employer's name, address, and ZIP code			3 S	ocial security wages		4 Social security tax withheld				
Webb, Stevens and Martinez Ltd			208297.47			15934.76				
182 Lucas Junction Suite 807			5 Medicare wages and tips			6 Medicare tax withheld				
North Shawnmouth TN 51328-9609			181278.82			5257.09				
North Snawnmouth IN 51328-9609			7 Social security tips			8 Allocated tips				
				208297.47			181278.82			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
4214588						237				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Martin Lewis			138			D 8881				
			13 Statutory Retirement Third-party			12b				
5542 Hall Forges Suite 750			employee plan sick pay			G	G 563			
Kingland HI 88	14 O	ther (see enclosed Noti	ce to Employee)	12c	1					
Kingland HI 88674-3115							441			
						12d				
							486			
f Employee's address and ZIP code 15 State Employer's state ID number 16 S	State wages, tips, etc. 17	State income tax		18 Local wages, tips, o	oto 10	Local income ta	ax 20 Locality name			
1 .,	3,.,.,	325.35				2542.18				
211-\0-\\0	5506.20 /.	323.33		215388.7		ZJ4Z.18	Alicia Crest			
MO 141-08-945 11	0111.17 7	939.95		223223.32	3	8358.16	Hailey Neck			

Wage and Tax

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

This information is being furnished to the Internal Revenue Service.

5070 **Statement**

Department of the Treasury--Internal Revenue Service

Cut here. Keep lower portion for your records.

F	REISSUED	a Employee's soci	al security number		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	7	79-45-2620	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 Federal	income tax	x withheld	
11-6793344					203479.03			57442.96			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Webb, Stevens and Martinez Ltd					208297.47			15934.76			
182 Lucas Junction Suite 807				5 Medicare wages and tips			6 Medicare tax withheld				
						181278.82	5257.09				
North Shawnmouth TN 51328-9609				7 Social security tips			8 Allocated tips				
					208297.47			181278.82			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
	4214588								237		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Martin Lewis			138			D 8881					
Marcin Lewis				13 Statutory Retirement Third-party employee plan sick pay			12b	1			
5542 Hall Forges Suite 750						G 563					
Kingland HI 88674-3115				14	Other (see enclosed Notice to Employ	yee)	12c				
Ringiand III 00074 3113						441					
								12d	Ī		
								486			
	oyee's address and ZIP co		T	T		T				T	
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	
ND	311-78	3-778	105588.26	7325.35		215388.7	22	542.18		Alicia Crest	
MO	141-08	3-945	110111.17	7939.95		223223.32	38	358.16		Hailey Neck	

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

