F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website at www.irs.gov/efile								
S	TATEMENT	28	33-14-0282	OMB	No. 1545-00	08 FAS	T! Use	G		5	at www.i	rs.gov/efile.	
b Employer identification number					1 V	1 Wages, tips, other compensation				Federal income tax withheld			
61-2447871						123479.1			18309.3				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Ellison, Brown and Lopez LLC						152908.17				11697.48			
158 Katherine Overpass						5 Medicare wages and tips				6 Medicare tax withheld			
	Shortbury N	M 63230	-4240			119440.65			3463.78				
	Shortbury NM 63230-4240					7 Social security tips				8 Allocated tips			
						152908.17			119440.65				
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
8048247										234			
e Emplo	yee's first name and initial	Last name	•		11 N	11 Nonqualified plans				12a See instructions for box 12			
	a 1 a					241				6149			
	Sharon S	Solis				13 Statutory Retirement Third-party employee plan sick pay							
6613 Jessica Bypass					X	yee plan	sick pay			G	754		
Lake Marthaburgh WI 75009-4040					14 C	ther (see enclos	ed Notice to Employ	/ee)	12c		1		
											803		
									12d		I		
										D	341		
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 wage			ocal inco			20 Locality name	
OK	652-97	-501	57921.56	5451.36		127980	. 57	234	473.	.36		Isabella River	
WV	965-88	-489	58903.3	6575.62		139044.26		175	17518.0			Shawn Fields	
Wage and Tax Statement Vage and Tax						Department of the TreasuryInternal Revenue Service							

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.

	REISSUED TATEMENT	a Employee's socia	al security number 33-14-0282	OMB N	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 this income is taxable and you fail to report it.							
	b Employer identification number					Wages, tips, other compensation	2 Federal income tax withheld					
61-2447871						123479.1			18309.3			
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Ellison, Brown and Lopez LLC						152908.17			11697.48			
158 Katherine Overpass						Medicare wages and tips	6 Medicare tax withheld					
Shortbury NM 63230-4240						119440.65	3463.78					
					7	Social security tips	8 Allocated tips					
					152908.17			119440.65				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	8048247								234			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
	Sharon Solis					241			6149			
						ttory Retirement Third-party oyee plan sick pay	12b	Ī				
6613 Jessica Bypass Lake Marthaburgh WI 75009-4040					X X			G	G 754			
					14 (Other (see enclosed Notice to Employ	12c					
									803			
									12d			
									241			
							D 341					
15 State	Employee's address and ZIP code State Employer's state ID number 16 State wages, tips, etc. 17 State income tax			18 Local wages, tips, etc. 19			Local income tax	20 Locality name				
ок	652-97	7-501	57921.56	5451.36		127980.57 23		473.36	Isabella River			
				<u> </u>			† <u>-</u>			1		
WV	965-88-489 58903.3 6575.62			139044.26 17			518.0	Shawn Fields				

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

