REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS					IRS Website		
STATEMENT	28	37-96-0760	OMB N	o. 1545-0	0008 FAST! Us	e	<u> </u>	file	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number			<u>.</u>	1	Wages, tips, other compe	ensation		2 Federa	Il income ta	withheld	
24-1376253					129580.95			25653.63			
c Employer's name, address, and 2	IP code			3	3 Social security wages			4 Social security tax withheld			
Le-Brown PLC				166837.1				12763.04			
52316 Jackson Radial				5 Medicare wages and tips				6 Medicare tax withheld			
Davisfurt NV 93729-4377				114456.21				3319.23			
Davisiurt NV 93/29-43//				7 Social security tips				8 Allocated tips			
				166837.1				114456.21			
d Control number				9 Advance EIC payment			1	10 Dependent care benefits			
9920319								174			
e Employee's first name and initial Last name				11 Nonqualified plans			1	12a See instructions for box 12			
Heather Brown			217				D 8407				
			13 Statutory Retirement Third-party employee plan sick pay			1	I2b				
2977 Anderson Locks				em	ployee plan	sick pay		G	151		
Berryside	sc	88171-5300		14	Other (see enclosed Noti	ce to Employe	ee) 1	12c			
Bellyside SC 88171-3300									259		
						1	12d				
								E	381		
f Employee's address and ZIP code	_							<u></u>	361		
15 State Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	etc.	19 Loc	al income ta	(	20 Locality name	
DE 125-41	-927	60410.8	7584.31		140218.37		153	34.31		Pamela Crescent	
			T							†	
AK 748-37-743 58582.74 7982.2		7982.22	2 104693.31 23		239	52.03	Hunt Place				

Wage and Tax

Form W-2 Statement

5010

Department of the Treasury--Internal Revenue Service

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 FATEMENT	a Employee's socia	37-96-0760	OMB No	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  24-1376253				1 Wages, tips, other compensation 129580.95			2 Federal income tax withheld 25653.63				
c Employer's name, address, and ZIP code  Le-Brown PLC				3 Social security wages 166837.1			4 Social security tax withheld 12763.04				
52316 Jackson Radial Davisfurt NV 93729-4377				5 Medicare wages and tips 114456.21			6 Medicare tax withheld 3319.23				
				7 Social security tips 166837.1			8 Allocated tips 114456.21				
d Control number 9920319				9 Advance EIC payment			10 Dependent care benefits 174				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Heather Brown				217  13 Statutory Retirement Third-party			D 8407				
2977 Anderson Locks				employee plan sick pay			G 151				
Berryside SC 88171-5300				14 Other (see enclosed Notice to Employee)			<sup>12c</sup> 259				
							E 381				
	yee'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, etc.		Local income tax	(	20 Locality name	
DE	125-41	L-927	60410.8	7584.31		140218.37	15	334.31		Pamela Crescent	
AK	748-37	7-743	58582.74	7982.22		104693.31	23	952.03		Hunt Place	

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

