R	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website							IRS Website	
ST	ATEMENT	31	10-59-7229	OMB N	o. 1545-	0008 F .	AST! Use			e	at www.ii	rs.gov/efile.	
b Employ	er identification number				1 Wages, tips, other compensation				2 Federal income tax withheld				
99-9190153					155002.26				40436.77				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Lopez, Butler and Cole Ltd					130453.28				9979.68				
6477 Hernandez Groves Suite 414					5 Medicare wages and tips				6 Medicare tax withheld				
1	Port Rachelville MT 31400-6736					155788.0				4517.85			
FOIC RACHEIVILLE MI 51400-0750					7 Social security tips				8 Allocated tips				
					130453.28				155788.0				
d Control					9 Advance EIC payment				10 Dependent care benefits				
	7838673							185					
e Employ	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
Camal Barrana					259				P 7517				
`	Carol Rogers					13 Statutory Retirement Third-party employee plan sick pay				ĺ			
666 Meredith Plains Apt. 550					X						774		
Kaitlinshire MT 39293-3048						14 Other (see enclosed Notice to Employee)				ĺ			
										E	477		
									12d				
										G	842		
f Employ	ee's address and ZIP cod	е								l			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wa	ages, tips, etc.	19	Local inc	ome tax		20 Locality name	
SD	987-75	-678	81343.51	4042.9		11246	2.72	25	297	. 68		Barbara Pines	
IA	594-10	-494	74379.35	3407.18		13718	3.65	16	488	. 96		Allen Course	

Wage and Tax

Statement Form W-2

5070

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.

F	REISSUED a Employee's social 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	STATEMENT 310-59-7229 OMB No.					No. 1545-0008 this income is taxable and you fail to report it.							
b Emplo	b Employer identification number					Wages, tips, other compensation				Federal income tax withheld			
99-9190153						155002.26				40436.77			
c Emplo	yer's name, address, and	3 Social security wages			4 Social security tax withheld								
Lopez, Butler and Cole Ltd					130453.28			9979.68					
6477 Hernandez Groves Suite 414 Port Rachelville MT 31400-6736					5	6 Medicare tax withheld 4517.85							
					7	8 Allocated tips							
					130453.28			155788.0					
	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	7838673				185								
e Emplo	yee's first name and initial	11 Nonqualified plans			12a See instructions for box 12								
						259			P 7517				
	Carol Rogers				13 Statutory Retirement Third-party employee plan sick pay								
	666 Meredith Plains Apt. 550					employee pian sick pay				774			
Kaitlinshire MT 39293-3048					14	12c							
										477			
								12d					
									G	842			
f Employee's address and ZIP code							[
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax	10 =000 Hogor, npc, 000			*			20 Locality name		
SD	987-75	5-678	81343.51	4042.9		112462.72		25297.68			Barbara Pines		
IA	594-10)-494	74379.35	3407.18		137183.65		.6488.96			Allen Course		

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

