REISSUED a Employee's social s	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website					ite			
STATEMENT 233	3-73-2334	OMB No	o. 1545-0	008 FAST! U	se	<u>G</u> ^	<b>Tile</b>	at www.	rs.gov/efile	١.		
<b>b</b> Employer identification number			1 Wages, tips, other compensation				2 Federal income tax withheld					
04-2033543				115095.53				41559.94				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Lawrence Group Ltd				129859.88			9934.28					
4979 Jonathan Courts Port Latashaport GA 99295-7346				5 Medicare wages and tips			6 Medicare tax withheld					
				126281.49				3662.16				
				7 Social security tips			8 Allocated tips					
				129859.88			126281.49					
d Control number			9	Advance EIC payment			<b>10</b> Dep	endent care b	enefits			
3674979							265					
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12					
Rebecca Foley			282				D 1648					
			13 Statutory Retirement Third-party employee plan sick pay				12b					
446 Julie Parkways			emp	loyee plan	x sick pay		Н	161				
Patrickfort MN 14829-1094			14	Other (see enclosed No	tice to Employ	ee)	12c					
							P	252				
						-	12d					
							_					
						<u> </u>	D	886				
f Employee's address and ZIP code  15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		10	-1-	140 1 -	ocal income	4	00 1			
, ,,, , , , , , , , , , , , , , , , , ,	9			18 Local wages, tips					20 Locality			
MT 535-92-750	58410.81	6080.32		118327.43		206	579.0	9	Carter	Knoll		
ні 903-46-518	62704.73	5722.35	100703.33		188	325.0		James	Pine			

Wage and Tax Statement

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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	a Employee's socia	•	0.15.1	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							
	TATEMENT	23	33-73-2334	OWB N	OMB No. 1545-0008 this income is taxable and you fail to report it.					,		
<b>b</b> Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld					
04-2033543					115095.53			41559.94				
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld			
Lawrence Group Ltd					129859.88			9934.28				
4979 Jonathan Courts					5	5 Medicare wages and tips			Medicare tax withheld			
Port Latashaport GA 99295-7346				126281.49			3662.16					
				7 Social security tips			8 Allocated tips					
				129859.88			126281.49					
d Control number				9 Advance EIC payment			10 Dependent care benefits					
3674979								265				
e Employee's first name and initial Last name			11 Nonqualified plans 12a See in			structions for box 12						
Rebecca Foley 446 Julie Parkways				282  13 Statutory Retirement Third-party			D 1648					
				employee plan sick pay			Н	161				
Patrickfort MN 14829-1094				14	Other (see enclosed Notice to Employ	/ee)	12c	1				
						P	P 252					
						12d						
							D	886				
f Emplo	byee's address and ZIP co		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10	ocal income tax		00 1!it-		
	, ,		9 . , .			9			i.	20 Locality		
MT	535-92	2-750	58410.81	6080.32		118327.43	20	679.09		Carter	Knoll	
HI	903-46	6-518	62704.73	5722.35		100703.33	18	825.0		James	Pine	

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

