REISSUED	a Employee's so	cial security number			Safe,	Accurate,	De 1	A HID	Visit the	IRS Website	
STATEMENT	7	98-81-8103	OMB	No. 1545-00	008 FAST	! Use		file	at www.i	rs.gov/efile.	
b Employer identification number				1 \	1 Wages, tips, other compensation			2 Federal income tax withheld			
74-2524296					139510.78				23281.67		
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld			
Lam, Williams and Flores LLC					179186.14			13707.74			
7178 Johnson Ranch Suite 088				5 1	- manager and app			6 Medicare tax withheld			
Fordfort NM 51008-1790					144867.99				4201.17		
Fordiort NM 51008-1790				7 8	7 Social security tips			8 Allocated tips			
					179186.14			144867.99			
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits			
4139778									156		
e Employee's first name and initial Last name				11 1	11 Nonqualified plans			12a See instructions for box 12			
				243			3612				
Mary Johnson				13 Statutory Retirement Third-party employee plan sick pay			12b				
5608 Tran Forge				X	oyee plan	sick pay		E	615		
South 3	14 (Other (see enclose	d Notice to Empl	oyee)	12c	i					
South Jeffrey WI 48007-8924								G	124		
				12d							
									111		
f Employee's address and		Trans.	T.= 2		T					T	
15 State Employer's sta		16 State wages, tips, etc.	17 State income ta	ax	18 Local wages	•		ocal income tax	I.	20 Locality name	
NJ 83	7-59-402	63460.96	4687.04		147673.	04	194	493.1		Mclean Passage	
OK 513	3-66-834	71954.55	7390.28		147157.	62	200	020.63		Stacey Avenue	

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.

REISSUED	a Employee's socia	al security number							vice. If you are required	
STATEMENT	79	98-81-8103	OME	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.					e imposed on you if	
b Employer identification number				1 V	,			2 Federal income tax withheld		
74-2524296					139510.78			23281.67		
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld		
Lam, Williams and Flores LLC					179186.14			13707.74		
7178 Johnson Ranch Suite 088				5 N	l			6 Medicare tax withheld		
Fordfort NM 51008-1790					144867.99			4201.17		
				7 S	7 Social security tips			8 Allocated tips		
					179186.14			144867.99		
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits		
4139778								156		
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12		
1					243			3612		
Mary Johnson				13 Statu		Third-party	12b	,		
5608 Tran Forge				X	employee plan sick pay			E 615		
South Jeffrey WI 48007-8924					14 Other (see enclosed Notice to Employee)			12c		
Bouth belifey Wi 40007 0324								G 124		
				12d						
								111		
								1111		
f Employee's address and ZIP co		16 State wages, tips, etc.	17 State income to	tax	18 Local wages, tips, e	etc ·	19 Local inco	me tax	20 Locality name	
NJ 837-5		63460.96	4687.04		147673.04		19493.		Mclean Passage	
	J 302	00400.90	3007.04		147073.04		- Jajj.	<u> </u>	MCIean Passage	
ок 513-6	6-834	71954.55	7390.28		147157.62	2	20020.	63	Stacey Avenue	

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

