R	REISSUED	a Employee's socia	I security number			Sa	fe, Accurate,			Visit the	IRS Website		
ST	TATEMENT	08	8-95-1762	OMB N	o. 1545-0	0008 FA	ST! Use	G~II	le	at www.i	rs.gov/efile.		
b Emplo	yer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld				
43-1904144					104648.8			1 2	26003.27				
c Employer's name, address, and ZIP code					3 Social security wages			4	4 Social security tax withheld				
Lee and Sons Group					116485.48			8	8911.14				
44997 Benjamin Parkway					5 Medicare wages and tips				6 Medicare tax withheld				
	North Williamfurt DE 06890-8879					81331.95				2358.63			
						7 Social security tips				8 Allocated tips			
					116485.48				81331.95				
d Control number					9 Advance EIC payment			10	10 Dependent care benefits				
	7831068								120				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
	_				207				н 5247				
	Anthony Bowman				13 Statutory Retirement Third-party			12b					
055 Simpson Valleys Suite 069 West Lindsey MS 78117-4908					employee plan sick pay X 14 Other (see enclosed Notice to Employee)					167			
								yee) 12c		i			
									971				
								12d	12d				
									G	148			
f Emplo	yee's address and ZIP cod	е											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	•	18 Local wag	jes, tips, etc.	19 Local in	come tax		20 Locality name		
IN	484-65	-875	47579.59	4068.24		100050).8	19060	.75		Adam Field		
NC	758-41	-154	51424.85	2995.54		92414.	4	17688	8.8		Monica Mill		

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											
_	TATEMENT	08	88-95-1762	OMB N	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.							
b Emplo	oyer identification number	Į.			1 Wages, tips, other compensation			2 Federal income tax withheld				
43-1904144					104648.8			26003.27				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Lee and Sons Group					116485.48			8911.14				
	44997 Benjamin Parkway					5 Medicare wages and tips			6 Medicare tax withheld			
North Williamfurt DE 06890-8879						81331.95	2358.63					
					7 Social security tips			8 Allocated tips				
					116485.48			81331.95				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	7831068							120				
e Emplo	oyee's first name and initial	Last name)		11 Nonqualified plans			12a See instructions for box 12				
	Anthony Bowman 055 Simpson Valleys Suite 069				207 13 Statutory Retirement Third-party			H 5247				
					employee plan sick pay			167				
	West Lindsey MS 78117-4908					14 Other (see enclosed Notice to Employee)			12c			
									971			
									12d			
								G 148				
f Employee's address and ZIP code												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.7,7,7,7		Decal income tax		20 Locality name		
IN	484-65	875	47579.59	4068.24		100050.8 1		19060.75		Adam Field		
NC	758-41	154	51424.85	2995.54		92414.4	17	688.8		Monica Mill		

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

