INLIGOULD	ocial security number			Safe, Accurate,	TRE A	A STILL		RS Website	
STATEMENT	448-13-2125	OMB N	o. 1545-00	008 FAST! Use		*file	at www.ir	s.gov/efile.	
b Employer identification number			1 \	Wages, tips, other compensation		2 Federa	l income tax	withheld	
47-6408137				196981.62			42794.8		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Lee-Fuller PLC			169392.82			12958.55			
742 Thomas Greens Apt. 244 South Erin FL 71173-5150			5 Medicare wages and tips			6 Medicare tax withheld			
			168765.89			4894.21			
South Erin FL /11/3-5150			7 Social security tips			8 Allocated tips			
			169392.82			168765.89			
d Control number			9 Advance EIC payment			10 Dependent care benefits			
742843							295		
e Employee's first name and initial Last name			11 1	11 Nonqualified plans 12a See instructions for bo			or box 12		
Rebekah Mitchell			132			н 8120			
			13 Statutory Retirement Third-party employee plan sick pay			12b	1		
1924 Dunn Rapid			empi	loyee plan sick pay			335		
Lake Heather MA 85080-1874			14 Other (see enclosed Notice to Employee)			12c			
						E	376		
						12d			
					-		767		
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10	_ocal income tax		20 Locality name	
1 .,	9			9				,	
MA 995-19-036	97049.38	7792.01		240246.65	24	142.35		Kelly Views	
NH 948-68-082	102571.54	9334.6		188841.29 3		35927.2		Gregory Lake	

Wage and Tax

Form W-2 Statement

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 se	ocial security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	448-13-2125	OMB No	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			1 '	Wages, tips, other compensation		2 Fe	deral income ta	x withheld	
47-6408137				196981.62			42794.8			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Lee-Fuller PLC			169392.82			12958.55				
742 Thomas Greens Apt. 244				5 Medicare wages and tips			6 Medicare tax withheld			
South Erin FL 71173-5150			168765.89			4894.21				
			7 Social security tips			8 Allocated tips				
				169392.82			168765.89			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
	742843							295		
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for			for box 12				
Debelek Witchell			132			н 8120				
Rebekah Mitchell			13 State	ttory Retirement Third-party oyee plan sick pay		12b	ı			
1924 Dunn Rapid			X Story Day				335			
Lake Heather MA 85080-1874			14	Other (see enclosed Notice to Employ	yee)	12c	1			
						E	376			
							12d			
							767			
f Employee's address and ZIP code				T				T		
15 State	, ,, , , , , , , , , , , , , , , , , , ,	16 State wages, tips, etc.	17 State income tax				19 Local income tax		20 Locality name	
MA	995-19-036	97049.38	7792.01		240246.65 2		24142.35		Kelly Views	
NH	948-68-082	102571.54	9334.6		188841.29		35927.2		Gregory Lake	

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

