F	REISSUED	a Employee's socia	l security number				Safe, Accura	ite,		Z HID	Visit the	IRS Website	
S	TATEMENT	18	37-68-6290	OMB N	o. 1545-0	8000	FAST! Use		5	file.	at www.	irs.gov/efile.	
<b>b</b> Employer identification number						1 Wages, tips, other compensation				2 Federal income tax withheld			
63-9275779						44031.63				13583.9			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Brown, Luna and Franco PLC					33652.35					2574.4			
	903 William Bridge Apt. 051					5 Medicare wages and tips				6 Medicare tax withheld			
Lake Angela ND 12649-7306					47420.56					1375.2			
Hake Aligera ND 12049 /300					7 Social security tips				8 Allocated tips				
					33652.35				47420.56				
d Control number					9 Advance EIC payment 10 Dependent care benefits				enefits				
2331921								113					
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
	77:11:	T			208				8794				
	William Lamb				13 Statutory Retirement Third-party employee plan sick pay					12b	i		
0606 Mary Falls Apt. 567					X X					331			
New Mike RI 80996-2876						14 Other (see enclosed Notice to Employee)			e)	12c			
New MIRE RI 00330 2070									н	221			
									12d				
									_	201			
f Employee's address and ZIP code									F	D  381			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Loca	I wages, tips, etc.	1	19 Lo	cal income t	ax	20 Locality name	
MI	998-29	-435	24078.63	1999.03		34527.27		631	6319.2		Crawford Divide		
										<del>-</del>			
AZ	689-34	-531	23254.37	1583.43	35279.58 7		7715.66			Ashley River			

Wage and Tax

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.

F	REISSUED	a Employee's soci	al 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	TATEMENT	18	87-68-6290	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
<b>b</b> Emplo	<b>b</b> Employer identification number					Vages, tips, other compensation	Federal income tax withheld					
63-9275779						44031.63	13583.9					
c Employer's name, address, and ZIP code					3 8	Social security wages	4 Social security tax withheld					
Brown, Luna and Franco PLC						33652.35	2574.4					
903 William Bridge Apt. 051					5 N	Medicare wages and tips	6 Medicare tax withheld					
	Lake Angela ND 12649-7306					47420.56	1375.2					
						Social security tips	8 Allocated tips					
						33652.35	47420.56					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	2331921								113			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
						208	8794					
	William Lamb 0606 Mary Falls Apt. 567 New Mike RI 80996-2876					tory Retirement Third-party oyee plan sick pay		12b	i			
						mployee plan sick pay			331			
						Other (see enclosed Notice to Employ	12c					
							Н	н 221				
								12d	i			
									D 381			
	f Employee's address and ZIP code											
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		1.0 =====g==,		Local income ta:	20 Locality name			
MI	998-29	-435	24078.63	1999.03		34527.27 63		319.2		Crawford Divide		
AZ	689-34	-531	23254.37	1583.43	35279.58		77	15.66	Ashley River			

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

