REISSUED a	Employee's social security number		Safe, Accurate,					isit the l	RS Website		
STATEMENT	792-50-8703	OMB No	o. 1545-0008	FAST! Use			a	t www.ir	s.gov/efile.		
b Employer identification number			1 Wa	ges, tips, other compe	nsation	2	Federal in	come tax	withheld		
02-8430914				228665.01				24715.57			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Foster LLC Ltd				209135.18			15998.84				
92717 Jones Well			5 Medicare wages and tips				6 Medicare tax withheld				
			202672.8				5877.51				
New Alice LA 64480-8638				7 Social security tips				8 Allocated tips			
				209135.18			202672.8				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
7085362							202				
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12				
Lisa Allen			178				6973				
			13 Statutory Retirement Third-party			12b					
40627 John Locks Suite 790				employee plan sick pay			P 835				
West Melissa MS 93254-3257			14 Other (see enclosed Notice to Employee)) 12c					
							E S	910			
						12d					
							- L	407			
							P 4	107			
f Employee's address and ZIP code 15 State Employer's state ID number	er 16 State wages, tips, etc.	17 State income tax	1 1	8 Local wages, tips, e	tc. 19	9 Local inco	ome tax		20 Locality name		
NH 284-91-5		14030.33	3.7,1,7			8157.39		Stephenson Squares			
NC 930-43-4	122495.39	13181.83	1	L87978.0	3	1400	. 75		Elizabeth Expressway		

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.

R	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required					
ST	TATEMENT	79	92-50-8703	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 Employer identification number				Wages, tips, other compensation			Federal income tax withheld			
02-8430914				228665.01			24715.57			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Foster LLC Ltd				209135.18			15998.84			
92717 Jones Well				5 Medicare wages and tips			6 Medicare tax withheld			
New Alice LA 64480-8638				202672.8			5877.51			
				7 Social security tips			8 Allocated tips			
				209135.18			202672.8			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
7085362							202			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
			178			6973				
Lisa Allen				13 Statutory Retirement Third-party			12b			
40627 John Locks Suite 790				em	ployee plan sick pay		P	835		
West Melissa MS 93254-3257				14	Other (see enclosed Notice to Employ	ee)	12c			
					outer (eee enclosed reduce to Emple)	00,				
			1			E	E 910			
								12d	i	
							P	P 407		
f Employee's address and ZIP code										
15 State	Employer's state ID no	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 I	Local income tax		20 Locality name
NH	284-91	-571	116806.48	14030.33		214174.37 38		8157.39		Stephenson Squares
NC	930-43	3-477	122495.39	13181.83		187978.0	31	400.75		Elizabeth Expressway

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

