REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website							
STATEMENT 106-93-8447	OMB No	o. 1545-0008	FAST! Us	e e	erfile.	at www.	irs.gov/efile.		
b Employer identification number	Employer identification number			ensation	2 Fed	Federal income tax withheld			
99-2716379			2274.92		152	15222.2			
c Employer's name, address, and ZIP code			al security wages		4 Social security tax withheld				
Lee-Mann LLC			5306.41		576	5760.94			
6537 Jasmine Roads Suite 682 New Kimberlyfort NE 85514-3295			icare wages and tips		6 Med				
			2832.11			1822.13			
			al security tips		8 Allo	8 Allocated tips			
			5306.41			62832.11			
d Control number			ance EIC payment		10 Dep	endent care b	enefits		
7581817						211			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Calvin Brown 806 Beard Overpass East Courtneyburgh ME 58938-7928			208			D 6465			
			Retirement plan	Third-party sick pay	12b	i			
			, pan	Sion pay	н	324			
			er (see enclosed Noti	ce to Employee	e) 12c	ı			
					D	517			
					12d	12d			
						746			
f Employee's address and ZIP code					Н	1			
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	18	B Local wages, tips,	etc. 1	19 Local income	tax	20 Locality name		
NH 823-99-728 28368.54	1536.65	6	63239.22		387.78		Barton Rapid		
202 04 055	0154 00		0.4680	T					
OK 303-94-877 29385.97	2174.38	6	2467.8	(6819.46		Alison Harbors		

Wage and Tax

Form W-2

5070 **Statement**

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	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	ATEMENT	10	06-93-8447	OMB	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 Employ	Employer identification number			1 V					2 Federal income tax withheld			
99-2716379				62274.92				15222.2				
c Employer's name, address, and ZIP code			3 8	3 Social security wages				4 Social security tax withheld				
Lee-Mann LLC				75306.41				5760.94				
6537 Jasmine Roads Suite 682			5 N	5 Medicare wages and tips			6 Medicare tax withheld					
				62832.11				1822.13				
New Kimberlyfort NE 85514-3295				7 8	7 Social security tips				8 Allocated tips			
					75306.41				62832.11			
d Control number			9 A	9 Advance EIC payment			10 Dependent care benefits					
7581817									211			
e Employee's first name and initial Last name			11 N	11 Nonqualified plans				12a See instructions for box 12				
Calvin Brown				208			D 6465					
			13 Statu	13 Statutory Retirement Third-party								
806 Beard Overpass			empl	oyee plan	sick pay			н	324			
000 Beard Overpass				<u> </u>			12c	-11	J2 4			
East Courtneyburgh ME 58938-7928			14 (otner (see encid	osed Notice to Employ	/ee)	12C		I			
							D 517					
						Ī	12d					
			!					H	746			
f Employ	ee's address and ZIP co	de										
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income ta:	κ	18 Local wages, tips, etc.		19 L	19 Local income tax			20 Locality name
NH	823-99	9-728	28368.54	1536.65	5.65		63239.22		6387.78			Barton Rapid
OK	303-94	1-877	29385.97	2174.38		62467.	. 8	68	19.	46		Alison Harbors

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

