F	REISSUED	a Employee's socia	ll security number				Safe, Accu	rate,	•••	z H		Visit the	IRS Website	
S	TATEMENT	53	32-84-5296	OMB N	o. 1545-0	8000	FAST! Use	9	<u>_</u>		e	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number						1 Wages, tips, other compensation				2 Federal income tax withheld				
34-3161389						227757.67				61897.48				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Lindsey-Wong Ltd						207415.25				15867.27				
502 Johnson Cliffs Apt. 330						5 Medicare wages and tips				6 Medicare tax withheld				
<del>-</del>					240221.22					6966.42				
East Coryfort PA 98713-6680						7 Social security tips				8 Allocated tips				
						207415.25				240221.22				
<b>d</b> Contro					9 Advance EIC payment				10 Dependent care benefits					
	2199871											201		
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
	Teresa Rice 1307 Nicole Park					184				9724				
						13 Statutory Retirement Third-party employee plan sick pay					i			
										P 641				
	Joneschester NH 44925-5947				14 Other (see enclosed Notice to Employee)				ee)	12c				
											E 504			
										12d				
												<b>COC</b>		
l									-			696		
f Emplo 15 State	eyee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Loc	al wages, tips, e	tc	19 [ (	ocal inco	me tax		20 Locality nam	ne
MD	187-90		119062.11	6936.75			994.62			144.			Jesus Prai	
עניי	107-90	-005	113002.11	0930.73		1 / 9	994.UZ		<b>44.</b>	124.	00		Jesus Prai	.rıe
KS	881-19	-375	122459.21	8445.23		220	211.26		323	369.	87		Schneider Ra	anch

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.

REISSU	JED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEM	MENT	53	32-84-5296	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>b</b> Employer identification number						Vages, tips, other compensation	2 Federal income tax withheld				
34-3161389						227757.67	61897.48				
c Employer's name, address, and ZIP code					3 8	Social security wages	4 Social security tax withheld				
Lindsey-Wong Ltd 502 Johnson Cliffs Apt. 330 East Coryfort PA 98713-6680						207415.25	15867.27				
					5 N	Medicare wages and tips	6 Medicare tax withheld				
						240221.22	6966.42				
					7 8	Social security tips	8 Allocated tips				
						207415.25	240221.22				
d Control number					9 A	Advance EIC payment	10 Dependent care benefits				
21998	2199871						201				
e Employee's first name and initial Last name					11 N	Nonqualified plans	12a See instructions for box 12				
	Teresa Rice					184	9724				
Tere						tory Retirement Third-pa	12b				
1307 Nicole Park					empl X	oyee plan sick pay		P	641		
Jone	Joneschester NH 44925-5947					Other (see enclosed Notice to Emp	12c	12c			
JOHESCHESCEL AM 44323 3347							E 504				
								12d	1001		
								696			
f Employee's address and ZIP code											
15 State Emplo	yer's state ID nur	nber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax		20 Locality name	
MD	187-90	-005	119062.11	6936.75		179994.62	24	4144.68		Jesus Prairie	
KS	881-19	-375	122459.21	8445.23		220211.26	32	2369.87		Schneider Ranch	

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

