REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Web					IRS Website		
STATEMENT	41	L1-18-2129	OMB N	o. 1545-0	0008 FA 9	ST! Use		file	at www.i	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld			
74-5599882				207340.05				66074.21			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Lee PLC Inc				259573.78				19857.39			
618 James Lane Suite 894 West Brian AL 58125-3767				5 Medicare wages and tips				6 Medicare tax withheld			
				194407 . 65 7 Social security tips				5637.82 8 Allocated tips			
d Control number				9 Advance EIC payment			1	10 Dependent care benefits			
824665								189			
e Employee's first name and initial Last name				11 Nonqualified plans			1	12a See instructions for box 12			
				103				н 8168			
Mark Jo	Mark Johnston			13 Statutory Retirement Third-party			у 1	2b			
910 Clark Lakes Apt. 550				employee plan sick pay				G	752		
_				14	Other (see enclo	sed Notice to Emplo	ovee) 1	2c			
Bishopland SC 90994-2196				, , , ,							
							L	786			
							1	2d	l		
								D	987		
f Employee's address and ZIP co			•		•						
15 State Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wag	•		al income ta	(20 Locality name	
ID 117-34	1-165	95305.36	8494.72		158609	.77	303	22.23		Jonathan Cliffs	
AR 989-53	3-726	93588.77	9233.7		225829	.19	332	10.13		Sharon Flat	

Wage and Tax

Form W-2 Statement

5010

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						
	TATEMENT	41	L1-18-2129	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 Employ	yer identification number				1	Wages, tips, other compensation		Federal income tax withheld			
74-5599882				207340.05			66074.21				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Lee PLC Inc				259573.78			19857.39				
618 James Lane Suite 894				5 Medicare wages and tips			6 Medicare tax withheld				
,	West Brian AL 58125-3767				194407.65			5637.82			
West Brian AL 58125-3767				7 Social security tips			8 Allocated tips				
				259573.78			194407.65				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	824665							189			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
				103			н 8168				
	Mark Johnston				13 Statutory Retirement Third-party			12b			
910 Clark Lakes Apt. 550				employee plan sick pay			G 752				
	_				14	Other (see enclosed Notice to Employ	(00)	12c	732		
Bishopland SC 90994-2196				Other (see enclosed Notice to Employee)			120				
			786								
								12d	ı		
								D 987			
	yee's address and ZIP code			•							
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		10 2000 110 900, 110, 110		9 Local income tax		20 Locality name	
ID	117-34	-165	95305.36	8494.72		158609.77 30		30322.23		Jonathan Cliffs	
AR	989-53	-726	93588.77	9233.7		225829.19 33		33210.13		Sharon Flat	

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

