REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website				
STATEMENT 454-54-0988	OMB No. 1545-0	DOS FAST! Use	at www.	rs.gov/efile.		
b Employer identification number	1	Wages, tips, other compensation	2 Federal income ta	x withheld		
14-5747376		171882.55	33446.67	33446.67		
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax	4 Social security tax withheld		
Lowe-Terry PLC		124931.44	9557.26	9557.26		
14103 Adams Pass	5	Medicare wages and tips				
Hernandezport NH 46076-7112		141053.0		4090.54		
Hernandezport NH 46076-7112	7	Social security tips	· ·	8 Allocated tips		
		124931.44	1410	141053.0		
d Control number	9	Advance EIC payment	10 Dependent care b	10 Dependent care benefits		
6750894			131	131		
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions	for box 12		
		206	P 7120	P 7120		
Victoria Stewart	13 State		12b			
5718 Fuller Lights	emp	oyee plan sick pay	н 172			
Williamsland WI 33728-9369	14	Other (see enclosed Notice to Employ	/ee) 12c			
			958			
			12d			
			539			
f Employee's address and ZIP code			339			
1,7	tate income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
SD 658-90-473 91144.95 51	92.4	204519.94	23254.54	Diaz Knoll		
CA 161-72-070 94116.06 502	20.25	202823.25	26636.31	Wright Shoal		

Wage and Tax Statement

Lax 5010

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 socia	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	45	54-54-0988	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 Emplo	b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
14-5747376			171882.55			33446.67					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Lowe-Terry PLC			124931.44			9557.26					
14103 Adams Pass Hernandezport NH 46076-7112			5 Medicare wages and tips			6 Medicare tax withheld					
			141053.0			4090.54					
			7 Social security tips			8 Allocated tips					
			124931.44			141053.0					
d Contro	ol number				9	Advance EIC payment		10 Depend	dent care b	enefits	
	6750894								131		
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box 12			for box 12					
Victoria Stewart			206			P 7120					
			13 Stat emp	utory Retirement Third-party loyee plan sick pay		12b	Ī				
5718 Fuller Lights						H	н 172				
Williamsland WI 33728-9369			14 Other (see enclosed Notice to Employee)			12c					
							958				
							-	12d			
									539		
	oyee's address and ZIP coo		140 00000000000000000000000000000000000	147 00-1-1-1-1-1		I do Landa and Garage	10.1	12			
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name	
SD	658-90)-473	91144.95	5192.4		204519.94	23	254.54		Diaz Knoll	
CA	161-72	2-070	94116.06	5020.25		202823.25	26	636.31		Wright Shoal	

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

