R	REISSUED	a Employee's socia	•			Safe, Acc	urate,		Ha	Visit the	IRS Website	
ST	<b>TATEMENT</b>	36	88-25-9167	OMB N	lo. 1545-0	0008 FAST! Us	e ·	<b>G</b> ~	ile	at www.i	rs.gov/efile.	
<b>b</b> Employ	yer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld			
73-8675753						133850.1				22459.14		
<b>c</b> Employ	yer's name, address, and Z	IP code			3	3 Social security wages			4 Social security tax withheld			
Lopez-Jensen LLC					128608.51				9838.55			
5813 Bird Ramp Wattston MT 24344-2270					5 Medicare wages and tips			6	6 Medicare tax withheld			
					143689.61				4167.0			
wattston MI 24344-2270					7	7 Social security tips			8 Allocated tips			
						128608.51			143689.61			
d Control number					9					enefits		
8261433									258			
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12			
					193				3364			
	Leonard Foley				13 Statutory Retirement Third-party employee plan sick pay				!b	1		
0971 Woods Ville Apt. 041 East Evanview PA 16630-1151					x x				E	568		
					14 Other (see enclosed Notice to Employee)				12c			
										138		
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	yee's address and ZIP code		Tana i i	Transition in		Train in the		10			Lag I III	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,			l income tax	X	20 Locality name	
MT	075-46	-297	68449.48	4551.97		96580.74 2		2287	22875.3		Mitchell Trail	
WV	812-87	-160	62032.29	4771.99	157859.44		1737	17375.46		Kathy Stream		

Wage and Tax

Form W-2 Statement

5010

Cut here. Keep lower portion for your records.

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.

F	REISSUED a Employee's social 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					
_	TATEMENT	EMENT 368-25-9167 OMB No. 1545-0008 to line a tax return, a registerice periodic this income is taxable and you fail to rep					report it.				
<b>b</b> Emplo	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld		
73-8675753					133850.1			22459.14			
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
Lopez-Jensen LLC					128608.51			9838.55			
5813 Bird Ramp Wattston MT 24344-2270					5 Medicare wages and tips 143689.61			6 Medicare tax withheld 4167.0			
					128608.51			143689.61			
					<b>d</b> Contro	d Control number					9 Advance EIC payment
	8261433								258		
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Leonard Foley 0971 Woods Ville Apt. 041				193  13 Statutory Retirement Third-party sick pay X  14 Other (see enclosed Notice to Employee)			3364 12b E 568				
										East Evanview PA 16630-1151	
										138	
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f Employee's address and ZIP code						Tana a sa				Loo I II	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax				Local income tax	20 Locality name		
MT	075-46	-297	68449.48	4551.97		96580.74 2		22875.3		Mitchell Trail	
wv	812-87	-160	62032.29	4771.99		157859.44		375.46	Kathy Stream		

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

