RE	SSUED a Employee's social security number Safe, Accurate,				RS (1)	H	Visit the	IRS Website				
STA	ATEMENT	07	3-27-5259	OMB N	o. 1545-0	008 FA	ST! Use			at www.ii	s.gov/efile.	
b Employe	er identification number				1	1 Wages, tips, other compensation			2 Federal income tax withheld			
9	2-3930662				188998.37				50970.95			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Brown Ltd Ltd						201100.24			15384.17			
71599 Fletcher Courts Apt. 575					5 Medicare wages and tips				6 Medicare tax withheld			
-					228474.62				6625.76			
Rodriguezberg NJ 93751-1687					7 Social security tips			8	8 Allocated tips			
					201100.24				228474.62			
d Control number					9 Advance EIC payment			10	10 Dependent care benefits			
1222382									183			
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12			
No. Ohann					173				5625			
Ann Chang					13 Statutory Retirement Third-party employee plan sick pay			12	b	1		
2853 Lynn Forges												
L	Lake Kayla DC 65924-9585				14 Other (see enclosed Notice to Employee)				12c			
								D	627			
								12	d	i		
									E	974		
	e's address and ZIP cod									•		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wag	es, tips, etc.	19 Local	income tax	(20 Locality name	
WY	230-79	-378	87464.6	3682.1		150541.2 2		2449	4493.22		Steven Mills	
AL	146-69	-448	87434.12	4094.73		148575.35 2		2172	21726.19		Le Burgs	

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 soc	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	TATEMENT	0	73-27-5259	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			
92-3930662					188998.37			50970.95				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Brown Ltd Ltd					201100.24			15384.17				
	71599 Fletcher Courts Apt. 575				5 Medicare wages and tips 228474.62			6 Medicare tax withheld 6625.76				
Rodriguezberg NJ 93751-1687				7 Social security tips			8 Allocated tips					
					201100.24			228474.62				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits				
	1222382								183			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
	Ann Chang 2853 Lynn Forges				173 13 Statutory Retirement Third-party			5625				
					employee plan sick pay X Other (see enclosed Notice to Employee)			402				
								12c				
	Lake Kayla DC 65924-9585					, , , ,			- 607			
								D 627				
								12d	1			
								E	974			
f Employee's address and ZIP code												
15 State	Employer's state ID number 16 State wages, tips, etc. 17 State income tax		1.0 =000 mages, aps, 000			9 Local income tax		20 Locality name				
WY	230-79	9-378	87464.6	3682.1		150541.2 2		24493.22		Steven Mills		
AL	146-69	9-448	87434.12	4094.73	148575.35 21		21	21726.19		Le Burgs		

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

