|  | KLIOOOLD                                      | a Employee's social | security number<br>7-30-4412 | OMP N   | o. 1545-000                                | Safe, Ac              |        | is <b>P</b> 1                                    | file                                   |       | IRS Website irs.gov/efile. |  |
|--|---|---------------------|------------------------------|---|--|-----------------------|--------|--|--|-------|----------------------------|--|
|  | TATEMENT                                      | 70                  | 7-30-4412                    | OWBIN   |  |                       |        | $\overline{}$                                    |  |       | ŭ                          |  |
| b Employer identification number  23-0165536 |   |                     |                              |   | 1 Wages, tips, other compensation 88120.85 |                       |        |  | 2 Federal income tax withheld 17492.09 |       |                            |  |
| c Employer's name, address, and ZIP code     |   |                     |                              |   | 3 Social security wages                    |                       |        |  | 4 Social security tax withheld         |       |                            |  |
| Zimmerman, Lewis and Rhodes LLC              |   |                     |                              | 81151.67  |  |                       |        | 6208.1   |  |       |                            |  |
| 2837 Craig Viaduct                           |   |                     |                              | 5 Medicare wages and tips 79522.73 7 Social security tips                                       |  |                       |        | 6 Medicare tax withheld 2306.16 8 Allocated tips |  |       |                            |  |
| New Bonnie NE 71650-4862                     |   |                     |                              |   |  |                       |        |  |  |       |                            |  |
|  |   |                     |                              |   |  |                       |        |  |  |       |                            |  |
| d Control number                             |   |                     |                              |   | 9 Advance EIC payment                      |                       |        | 1  | 10 Dependent care benefits             |       |                            |  |
|  | 6412548                                       |                     |                              |   |  |                       |        |  | 174                                    |       |                            |  |
| e Emplo                                      | e Employee's first name and initial Last name |                     |                              |   |  | 11 Nonqualified plans |        |  | 12a See instructions for box 12        |       |                            |  |
|  |   |                     |                              |   |  | 104                   |        |  |  | 9394  |                            |  |
| Lynn Lowery<br>8092 Kevin Brook Suite 460    |   |                     |                              | 13 Statutory Retirement Third-party sick pay X X X X 14 Other (see enclosed Notice to Employee) |  |                       |        | 12b  | 1                                      |       |                            |  |
|  |   |                     |                              |   |  |                       |        |  | 740                                    |       |                            |  |
| Warrenview WI 19592-0782                     |   |                     |                              |   |  |                       |        | 12c  | ı                                      |       |                            |  |
|  |   |                     |                              |   |  |                       |        |  |  | 806   |                            |  |
|  |   |                     |                              |   |  |                       |        | -  | 12d                                    |       |                            |  |
|  |   |                     |                              |   |  |                       |        |  | D                                      | 827   |                            |  |
|  | yee's address and ZIP code                    |                     | 40 Ctata                     | 17 State income tax   |  | 40                    | -4-    | 140  | cal income t                           |       | 20                         |  |
| 15 State                                     | Employer's state ID nur                       |                     | 16 State wages, tips, etc.   |   |  | 18 Local wages, tips  | , etc. |  |  |       | 20 Locality name           |  |
| FL   | 044-14  | -523                | 47330.83                     | 2582.47   |  | 88224.69              |        | 1/5  | 85.33                                  | 5<br> | John Junctions             |  |
| IA   | 987-83  | -551                | 45140.52                     | 1853.06   |  | 70828.71              |        | 173  | 59.93                                  | 3     | Richard Parkways           |  |
|  | 14/   |                     |                              |   |  |                       |        |  |  |       |                            |  |

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.

| IA   | 987-83-551   | 45140.52   | 1853.06             |          | 70828.71   | 17                                    | 7359.93          |                            | Richard Parkway  |  |  |
|--|--|--|---------------------|----------|--|---------------------------------------|------------------|----------------------------|------------------|--|--|
| FL   | 044-14-523   | 47330.83   | 2582.47             |          | 88224.69   | 17                                    | 7585.33          |                            | John Junction    |  |  |
|  | mployer's state ID number  | 16 State wages, tips, etc.   | 17 State income tax | <u> </u> | 18 Local wages, tips, etc.   |                                       | Local income tax | (                          | 20 Locality name |  |  |
| f Employee's address and ZIP code  |  |  |                     |          |  |                                       |                  | D   02 /                   |                  |  |  |
|  |  |  |                     |          |  |                                       | D                | 827                        |                  |  |  |
| 8092 Kevin Brook Suite 460 Warrenview WI 19592-0782                      |  |  |                     |          | 13 Statutory Refirement Third-party employee Plan Sick pay  X  X  14 Other (see enclosed Notice to Employee) |                                       |                  | 12d                        |                  |  |  |
|  |  |  |                     |          |  |                                       |                  | 806                        |                  |  |  |
|  |  |  |                     |          |  |                                       |                  | 12c                        |                  |  |  |
|  |  |  |                     |          |  |                                       |                  | 740                        |                  |  |  |
|  |  |  |                     |          |  |                                       |                  | 12b                        |                  |  |  |
| Lynn Lowery  |  |  |                     | 104      |  |                                       | 9394             |                            |                  |  |  |
| e Employee's first name and initial Last name                            |  |  |                     |          | 11 Nonqualified plans  |                                       |                  |                            |                  |  |  |
| 6412548  |  |  |                     |          |  |                                       |                  | 174                        |                  |  |  |
| New Bonnie NE 71650-4862   |  |  |                     |          | 9 Advance EIC payment  |                                       |                  | 10 Dependent care benefits |                  |  |  |
|  |  |  |                     |          | 81151.67   | 79522.73                              |                  |                            |                  |  |  |
|  |  |  |                     |          | Social security tips   | 8 Allocated tips                      |                  |                            |                  |  |  |
| 2837 Craig Viaduct   |  |  |                     |          | 79522.73   | 2306.16                               |                  |                            |                  |  |  |
|  |  |  |                     | 5        | Medicare wages and tips  | 6 Medicare tax withheld               |                  |                            |                  |  |  |
| c Employer's name, address, and ZIP code Zimmerman, Lewis and Rhodes LLC |  |  |                     |          | 81151.67   | 4 Social security tax withheld 6208.1 |                  |                            |                  |  |  |
|  |  |  |                     |          | Social security wages  |                                       |                  |                            |                  |  |  |
| b Employer identification number 23-0165536                              |  |  |                     |          | 88120.85   | 17492.09                              |                  |                            |                  |  |  |
|  | EMENT  | this income is taxable and you fail to report it.  1 Wages, tips, other compensation 2 Federal income tax withheld |                     |          |  |                                       |                  |                            |                  |  |  |
|  | REISSUED STATEMENT  a Employee's social security number  This information is being furnished to the Internal Revenue Service of file a tax return, a negligence penalty or other sanction may be the internal formation in the property of the sanction may be the internal formation of the sanction of the s |  |                     |          |  |                                       |                  |                            |                  |  |  |

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

