REISSUED a Employee's	social security number			Safe, Accurate,	100	7 #1	Visit the IRS Website			
STATEMENT	106-43-9425	OMB N	o. 1545-00	008 FAST! Use	£^	file)	at www.irs.gov/efile.			
b Employer identification number			1 V	Vages, tips, other compensation		2 Federa	I income tax withheld			
95-3771219				109115.56			24311.0			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Dunlap-Lee Ltd				83428.11			6382.25			
83907 Jennifer Flat				5 Medicare wages and tips			6 Medicare tax withheld			
				99470.57		2884.65				
Erinstad NV 95399-1653			7 Social security tips			8 Allocated tips				
				83428.11			99470.57			
d Control number			9 A	dvance EIC payment		10 Depend	dent care benefits			
3409046							156			
e Employee's first name and initial Las	t name		11 N	lonqualified plans		12a See in:	structions for box 12			
Veronica Freeman			122			E 2141				
			13 Statutory Retirement Third-party employee plan sick pay			12b				
545 Marie Dale			empi	oyee plan sick pay		P	715			
West Carol PA 60477-6012			14 Other (see enclosed Notice to Employee)			12c				
						P	451			
			-			12d				
						D	490			
f Employee's address and ZIP code 15 State Employer's state ID number	140 0000 0000	147 00-1-1-1-1-1		T40 1 1	140 1					
1 .,	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		cal income tax	1,			
NM 746-72-879	51499.15	5315.26		133918.23	120	26.51	Haas Groves			
CT 353-49-357	53828.5	3461.16		85776.26	196	98.94	Preston Plaza			

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.

F	REISSUED	a Employee's soci	•		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	10	06-43-9425	OMB N	OMB No. 1545-0008 to life 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 Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld					
95-3771219				109115.56			24311.0					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Dunlap-Lee Ltd				83428.11			6382.25					
83907 Jennifer Flat Erinstad NV 95399-1653				5 Medicare wages and tips			6 Medicare tax withheld					
					99470.57	2884.65						
				7 5	Social security tips	8 Allocated tips						
				83428.11			99470.57					
d Control number				9 Advance EIC payment			10 Dependent care benefits					
3409046								156				
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instr			structions	for box 12					
Veronica Freeman			122			E 2141						
			13 Statutory Retirement Third-party			12b						
545 Marie Dale			employee plan sick pay			P	P 715					
West Carol PA 60477-6012			14 (Other (see enclosed Notice to Employ	ree)	12c) i					
						P	451					
								12d				
								D	490			
	oyee's address and ZIP coo		-	•								
15 State	• •		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		_ocal income tax	:	20 Locality name		
NM	746-72	2-879	51499.15	5315.26		133918.23	15	026.51		Haas Groves		
СТ	353-49	9-357	53828.5	3461.16		85776.26	19	698.94		Preston Plaza		

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

