REISSUED a Employee's social security number			Safe, Accurate,	IRS:	A HIO	Visit the IRS Website		
STATEMENT 371-01-0943	OMB No	o. 1545-0008	FAST! Use		*file	at www.irs.gov/efile.		
<b>b</b> Employer identification number		1 Wag	es, tips, other compensation	ı	2 Federa	I income tax withheld		
50-9554973	163341.2			19067.94				
c Employer's name, address, and ZIP code		3 Social security wages			4 Social security tax withheld			
Lewis-Nicholson LLC	123886.12			9477.29				
661 Johnson Roads Suite 370	5 Medicare wages and tips			6 Medicare tax withheld				
New Theresa GA 82146-1921			23408.89	3578.86 8 Allocated tips				
			al security tips 23886 . 12		8 Allocate	123408.89		
d Control number			ance EIC payment		10 Depend	dent care benefits		
		9 Adva	ance EIC payment		10 Depend			
290828			re 1 1			162		
e Employee's first name and initial Last name		<b>11</b> None	qualified plans		12a See in:	structions for box 12		
			111			D 1697		
Brian Fowler		13 Statutory employee	Retirement Third- plan sick p		12b	1		
744 Anne Brook Suite 303			X	ay	P	167		
Longland MO 11407-610	6	14 Othe	r (see enclosed Notice to En	nployee)	12c	I		
						405		
				-	12d	1		
					G	373		
f Employee's address and ZIP code								
15 State Employer's state ID number 16 State wages, tips, et	c. 17 State income tax	18	Local wages, tips, etc.	19 L	ocal income tax	20 Locality name		
WI 564-77-174 76772.03	3411.28	156641.23 29		773.8	Tony Via			
IN 486-18-362 78507.72	3258.99	1	56781.56	26	685.37	Christopher Court		

Wage and Tax Statement

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.

F	REISSUED	a Employee's so	cial security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	3	371-01-0943	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 Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld					
50-9554973				163341.2			19067.94					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Lewis-Nicholson LLC				123886.12			9477.29					
661 Johnson Roads Suite 370				5 Medicare wages and tips			6 Medicare tax withheld					
				123408.89			3578.86					
New Theresa GA 82146-1921			7 Social security tips			8 Allocated tips						
				123886.12			123408.89					
d Control number			9 Advance EIC payment			10 Dependent care benefits						
290828						162						
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Brian Fowler			111			D 1697						
			13 Statutory Retirement Third-party			12b						
744 Anne Brook Suite 303			emp	oyee plan sick pay			1.07					
744 Anne Brook Suite 303				X		P	167					
	Longland	MO	11407-6106		14	Other (see enclosed Notice to Employ	/ee)	12c	Ī			
	-								405			
								12d				
								G	373			
f Emplo	vee's address and ZIP co	do					-		373			
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	_ocal income tax	:	20 Locality name		
WI	564-77	7-174	76772.03	3411.28		156641.23		29773.8		Tony Via		
							†			† <b>-</b>		
IN	486-18	3-362	78507.72	3258.99		156781.56 20		26685.37		Christopher Court		

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

