F	REISSUED a Employee's social security number				Safe, Accurate, OMB No. 1545-0008 FAST! Use				5 <b>0</b> ~	Visit the IRS Website at www.irs.gov/efile.			
S	<b>TATEMENT</b>	784-36-6583							<u> </u>				
<b>b</b> Emplo	b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld			
	48-2678278					242105.99				36642.88			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Lopez-Nelson LLC					307749.13					23542.81			
51837 Alyssa Freeway Nathanielmouth MT 05140-6231					5 Medicare wages and tips					6 Medicare tax withheld			
					221769.59					6431.32			
	Nathanieimouth Mi 03140-0231					7 Social security tips				8 Allocated tips			
					307749.13					221769.59			
d Control number					9 Advance EIC payment				1	10 Dependent care benefits			
7122740									208				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			1	12a See instructions for box 12			
	Christina Burnett					293				8616			
						13 Statutory Retirement Third-party employee plan sick pay				12b	1		
002 Knapp Shoal Suite 696 Martinfort NH 29114-4848					етпрюуее ріат зіск рау					Н	221		
					14 Other (see enclosed Notice to Employee)				ee) 1	12c			
										G	275		
									1	12d			
										G	846		
f Employee's address and ZIP code											ı		
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local	wages, tips,	etc.	19 Loc	cal income	tax	20 Locality name	
GA	863-83	-130	111132.47	9866.05		2238	98.98		356	35.3	5	Monique Coves	
DA	956-04	_726	123977.78	10008.8		2010	99.28		240	76.8	0		
PA	956-04	- / 30	123911.16	10008.8		2010	33.20		348	70.8	7	William Parkway	

Wage and Tax

Form W-2 Statement

5070

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 socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	78	34-36-6583	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>b</b> Emplo	<b>b</b> Employer identification number					Wages, tips, other compensation		2 Federal income tax withheld				
48-2678278						242105.99	36642.88					
c Employer's name, address, and ZIP code						Social security wages	4 Social security tax withheld					
Lopez-Nelson LLC						307749.13	23542.81					
51837 Alyssa Freeway					5 1	Medicare wages and tips	6 Medicare tax withheld					
						221769.59	6431.32					
	Nathanielmouth MT 05140-6231					Social security tips		8 Allocated tips				
						307749.13	221769.59					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	7122740								208			
e Emplo	e Employee's first name and initial Last name					Nonqualified plans	12a See instructions for box 12					
	Christina Burnett					293	8616					
						atory Retirement Third-party	12b					
002 Knapp Shoal Suite 696					employee plan sick pay			н	221			
	Martinfort NH 29114-4848					14 Other (see enclosed Notice to Employee)			120			
						Other (see enclosed Notice to Employ	120	I				
							G					
								12d	ı			
									846			
f Employee's address and ZIP code							•					
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	_ocal income tax	:	20 Locality name		
GA	863-83	3-130	111132.47	9866.05		223898.98 35		35635.35		Monique Coves		
PA	956-04	1-736	123977.78	10008.8		281099.28	34	876.89		William Parkway		

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

