F	REISSUED	a Employee's socia	•			Safe, Accurate	TES:	1/G		Visit the	IRS Webs	ite	
S	TATEMENT	88	39-22-3498	OMB N	lo. 1545-0008	FAST! Use			e	at www.i	rs.gov/efile	€.	
b Employer identification number					1 Wag	1 Wages, tips, other compensation			Federal income tax withheld				
05-6108291					1	151442.85			15808.3				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld					
Lewis-Phillips Inc 2430 Michael Way North Michaelview SD 62807-9891					122823.21				9395.98				
					5 Med	6 Medicare tax withheld							
					110324.38				3199.41				
					7 Social security tips				8 Allocated tips				
					1	122823.21				110324.38			
d Contro	ol number				9 Adva	9 Advance EIC payment			10 Dependent care benefits				
	4404681									261			
e Emplo	oyee's first name and initial	Last name)		11 Nonqualified plans			12a See instructions for box 12					
					216				н 8139				
	Michael Co	wan			13 Statutory								
175 Robbins Plains Apt. 767 West Juan VA 23578-3473					employee			542					
					14 Othe	r (see enclosed Notice to E	mployee)	12c		ı			
									E	657			
									i				
									P	732			
f Emplo	oyee's address and ZIP cod	le											
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	18	B Local wages, tips, etc.	19	Local inc	ome tax	(20 Localit	y name	
ME	231-00	-197	76145.13	8330.61	1	10101.64	22	2143	. 93		Barbara	a Creek	
DC	261-18	3-143	75543.22	5440.72	1	77674.21	26	5288	.56		Nunez	Field	
Wage and Tax						Department of the TreasuryInternal Revenue Service							
Form W.	.₂ Statem	ent			u								

Statement Form W-2 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 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
S	TATEMENT	8	389-22-3498	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			
	05-6108291					151442.85			15808.3			
c Emplo	c Employer's name, address, and ZIP code Lewis-Phillips Inc					3 Social security wages			4 Social security tax withheld			
						122823.21				9395.98		
2430 Michael Way					5 Medicare wages and tips			6 Medicare tax withheld				
	North Michaelview SD 62807-9891					110324.38 7 Social security tips			3199.41 8 Allocated tips			
						122823.21			110324.38			
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	4404681								261			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Michael Cowan				216 13 Statutory Retirement Third-party				H 8139			
	175 Robbins Plains Apt. 767 West Juan VA 23578-3473					employee plan sick pay 14 Other (see enclosed Notice to Employee)				542		
						Other (see enclosed Notice to Employ	yee)	12c	Ī			
									E	657		
								12d				
									P	732		
f Emplo	oyee's address and ZIP co Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10	Local inco			20 Locality name	
			9			9	'				1	
ME	231-0	7-19/	76145.13	8330.61		110101.64	22	143.	93		Barbara Creek	
DC	261-1	8-143	75543.22	5440.72		177674.21	26	288.	56		Nunez Field	

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

