REISSUED	EISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT	40	)5-12-5802	OMB N	No. 1545-00	008 FAST! U	lse	5~ IIII	at www	.irs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld			
39-8021472					53265.45			12861.82			
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld			
Lester Group Group					57473.33			4396.71			
88126 Fisher Lock					Medicare wages and tip	)S	6 N				
					67771.01			1965.36			
Leahbury CA 48203-5537					7 Social security tips			8 Allocated tips			
					57473.33			67771.01			
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits			
4336601								184			
e Employee's first name and initial Last name				11 N	11 Nonqualified plans			12a See instructions for box 12			
				151				н 1030			
Eddie Dunn				13 Statutory Retirement Third-party employee plan sick pay			12b	i			
01608 Sarah Estate				X				221			
New Stacy	14 (	Other (see enclosed No	otice to Employe	ee) 12c	i						
-								E 685			
					ļ			12d			
								494			
f Employee's address and ZIP	code							I			
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips	, etc.	19 Local inco	me tax	20 Locality name		
OH 979-4	8-622	28753.0	2753.99		63083.12		5773.13		Joshua Terrace		
SD 323-8	37-771	25789.07	2566.46	65062.94 7		7689.97		Walker Garden			

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.

REISSUED a Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are require							
STATEMENT 405-12-5802	OMB No.	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> Employer identification number		1 Wages, tips, other compensation			2 Federal income tax withheld				
39-8021472		53265.45			12861.82				
c Employer's name, address, and ZIP code		3 Social security wages			4 Social security tax withheld				
Lester Group Group		57473.33			4396.71				
88126 Fisher Lock		5 Medicare wages and tips			6 Medicare tax withheld				
Tachburna		67771.01			1965.36				
Leahbury CA 48203-5537		7 Social security tips			8 Allocated tips				
		57473.33			67771.01				
d Control number		9 Advance EIC payment			10 Dependent care benefits				
4336601					184				
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12				
-11' -		151			н 1030				
Eddie Dunn		13 Statuto		у	12b				
01608 Sarah Estate		employee plan sick pay			221				
New Stacyfurt IA 81516-688	24	<b>14</b> Ot	ner (see enclosed Notice to Emple	oyee)	12c				
New Stateyrart IA 01510 000	, 4				E	685			
					12d				
						404			
				_		494			
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 1	7 State income tax		18 Local wages, tips, etc.	10.1	ocal income tax	, ,	20 Locality name		
			= ' ' '		5773.13		•		
OH 979-48-622 28753.0 2	2753.99		63083.12	3/	13.13		Joshua Terrace		
SD 323-87-771 25789.07 2	2566.46		65062.94 76		689.97		Walker Garden		

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

