F	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website				
S	TATEMENT	56	52-50-1579	OMB N	o. 1545-0	008 FAS	T! Use	G	ile	at www.i	irs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation				Federal income tax withheld				
20-8672510						226683.19				78380.7			
c Employer's name, address, and ZIP code					3 Social security wages			4	4 Social security tax withheld				
Williams-Walters LLC					221428.17				16939.26				
5990 Wright Turnpike					5 Medicare wages and tips				6 Medicare tax withheld				
Robertview RI 21673-6565				250396.45 7 Social security tips				7261.5 8 Allocated tips					
1.0201011011 1.12 11070 0000				221428.17				250396.45					
d Control number					9 Advance EIC payment			10					
1057989					7 Advance Lie payment				147				
e Employee's first name and initial Last name				11 Nonqualified plans			12:	12a See instructions for box 12					
Deborah Lowe				179				G 1718					
4235 Kirk Keys Apt. 603					13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)				G	971			
				:					J				
Masonside NE 28106-9938										65.6			
				G 656									
								120	1	I			
									P	815			
	oyee's address and ZIP cod		140 00000000000000000000000000000000000	147 000000000000000000000000000000000000		10.1		140			Loo Looding		
15 State	1		16 State wages, tips, etc.	17 State income tax		3 · , , , , ,			9 Local income tax		20 Locality name		
ОН	570-06	-246	121887.68	9288.54		277537	.84	3060	6.79		Wilson Ways		
DE	494-54	-605	117987.26	9498.17		266683	.81	4146	9.49		Richardson Corners		

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.

DI	EISSUED	a Employee's soci	al security number	This information is being furnished to the Internal Revenue Service. If you are required							
	ATEMENT		62-50-1579	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					Wages, tips, other compensation			Federal income tax withheld			
20-8672510					226683.19			78380.7			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Williams-Walters LLC					221428.17			16939.26			
5990 Wright Turnpike Robertview RI 21673-6565					5 Medicare wages and tips			6 Medicare tax withheld			
					250396.45			7261.5			
					7 Social security tips			8 Allocated tips			
					221428.17			250396.45			
d Control	number				9 Advance EIC payment			10 Dependent care benefits			
1	1057989								147		
e Employe	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
				179			G 1718				
L	Deborah Lowe				13 Statutory Retirement Third-party			12b	i		
4	4235 Kirk Keys Apt. 603				employee plan sick pay			G	971		
N	Masonside NE 28106-9938				14	Other (see enclosed Notice to Employe	e) 12c	12c	1		
							G 656				
							-	12d			
								P	815		
								F 013			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax				18 Local wages, tips, etc. 19			Local income tax 20 Locality name				
			9			3,,,,.,			•	1	
ОН	570-06	0-246	121887.68	9288.54		277537.84	30	606.79		Wilson Ways	
DE	494-54	-605	117987.26	9498.17		266683.81	41	469.49		Richardson Corners	

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

