F	REISSUED	a Employee's socia	l security number				Safe, Accur	ate,	- G		Visit the	IRS Website	
S	TATEMENT	83	86-20-0992	OMB	No. 1545-0	800	FAST! Use			e	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
11-9284737						201416.47				41575.01			
<b>c</b> Emplo	oyer's name, address, and 2	ZIP code			3	3 Social security wages				4 Social security tax withheld			
Lee, Zimmerman and Carroll and Sons						175540.34				13428.84			
69023 Morgan Shoal Apt. 017					5	- ····arana magarama mpa				6 Medicare tax withheld			
	Lanceburgh WA 06410-6512					181414.25				5261.01			
Lanceburgh WA 06410-6512					7	7 Social security tips				8 Allocated tips			
						175540.34				181414.25			
d Control number					9	9 Advance EIC payment				10 Dependent care benefits			
7245980											163		
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12				
						124			G 8900				
	Elizabeth Soto				13 Statutory Retirement Third-party				12b				
1610 Susan Summit Suite 368 Seanland HI 31589-2679						mployee plan sick pay X  14 Other (see enclosed Notice to Employee)				н	256		
					14								
										_			
										D 317			
										12d			
										H	497		
	yee's address and ZIP cod												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	(	3.,,,,,,,		Local income tax			20 Locality name		
DE	782-06	399	91772.83	7979.85		214920.3 2		29769.76			Jason Extensions		
NV	430-67	-040	92517.46	8417.74		193418.1		39106.15			Robert Views		

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.

R	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	ATEMENT	83	36-20-0992	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> Employ	<b>b</b> Employer identification number					/ages, tips, other compensation		2 Federal income tax withheld				
11-9284737						201416.47	41575.01					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Lee, Zimmerman and Carroll and Sons					175540.34			13428.84				
	69023 Morgan Shoal Apt. 017					ledicare wages and tips	6 Medicare tax withheld					
_						181414.25		5261.01				
1	Lanceburgh WA 06410-6512					ocial security tips	8 Allocated tips					
						175540.34	181414.25					
d Control number					9 Advance EIC payment			10 Dependent care benefits				
7	7245980								163			
e Employ	ee's first name and initial	Last name			11 Nonqualified plans			12a See instructions for box 12				
I	Elizabeth Soto				124 13 Statutory Retirement Third-party			G 8900				
1	1610 Susan Summit Suite 368					pyee plan sick pay		Н				
Seanland HI 31589-2679					14 0	other (see enclosed Notice to Employ	12c					
	30411-4114						D	317				
							12d					
									497			
f Employee's address and ZIP code									1			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		ocal income ta	(	20 Locality name		
DE	782-06	5-399	91772.83	7979.85		214920.3		769.76		Jason Extensions		
NV	430-67	-040	92517.46	8417.74		193418.1	39	106.15		Robert Views		

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

