	a Employee's socia	security number 59–49–2779	OMB N	o. 1545-00	Safe, Accurate, FAST! Use	*e~file		IRS Website rs.gov/efile.	
b Employer identification number (EIN) 58-2554877				1 W	/ages, tips, other compensation		al income tax 00.47	c withheld	
c Employer's name, address, and ZIP code Lawrence, Berger and Archer Ltd				3 S	ocial security wages 172287.54		4 Social security tax withheld 13180.0		
6465 David Passage Lisafort RI 91351-9361					edicare wages and tips 123810.93 ocial security tips		3590.52		
d Control nu	mbor			9	172287.54		•	10.93	
38			2 "				157		
e Employee's first name and initial Last name Su Edward Davis			Suff.	11 N	onqualified plans 148 ory Retirement Third-party	C	⁰ T 7452		
7899 Paul Glens Suite 135 Lake Paul ME 34690-4310				emplo	yee plan sick pay **Ther** **Ther*	C 0 A e A	456		
					uici	C DD 12d C	267		
	's address and ZIP code					d DD	355		
15 State VA	Employer's state ID number 134-01-062	16 State wages, tips, etc. 78494.22	17 State income tax 2728.68		18 Local wages, tips, etc. 179313.21	19 Local income to 17109.86		20 Locality name William Shores	
NE	320-26-143	68465.42	3347.13		184770.29	26092.53		Steven Lake	
Form W-2	Wage and Tax Statement		507	9	Departr	ment of the Treas	uryInterna	al Revenue Service	

Copy B--To Be Filed with Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

	a Employee's soc	ial security number			This information is being furni				
	2	69-49-2779	OMB N	OMB No. 1545-0008 to file a tax return, a negligence penathis income is taxable and you fail to				ction may b	e imposed on you if
b Employer identification number			•	1 Wages, tips, other compensation			2 Federal income tax withheld		
58-2554877				142841.18			27590.47		
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld		
Lawrence, Berger and Archer Ltd				172287.54			13180.0		
6465 David Passage Lisafort RI 91351-9361				5 Medicare wages and tips			6 Medicare tax withheld		
				123810.93			3590.52 8 Allocated tips		
				7	Social security tips				
					172287.54			1238	10.93
d Contro	l number			9		1	0 Depen	dent care be	enefits
	3855854							157	
e Employee's first name and initial Last name Suff.			Suff.	11 Nonqualified plans			12a See instructions for box 12		
Edward Davis 7899 Paul Glens Suite 135 Lake Paul ME 34690-4310			148			т 7452			
				13 Statutory Retirement Third-party employee plan sick pay		1	2b	ı	
						A	456		
				14 Other (see enclosed Notice to Employee)			2c	1	
							DD	267	
						1	2d	i	
							DD	355	
f Employ	vee's address and ZIP code							<u> </u>	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loc	al income ta	<	20 Locality name
VA	134-01-062	78494.22	2728.68		179313.21	171	09.86		William Shore
	000 00 115		00.45		101550				
NE	320-26-143	68465.42	3347.13		184770.29	260	92.53		Steven Lak

Cut here. Keep lower portion for your records.

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)'



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

