F	REISSUED	a Employee's socia	l security number				Safe, Accu	rate,	e~f		Visit the	IRS Website		
S	TATEMENT	54	8-62-5849	OMB N	o. 1545-0	8000	FAST! Use		5~ II	16	at www.i	rs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation				2	Federal income tax withheld				
93-8749932					242678.14					54466.01				
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4	4 Social security tax withheld				
Smith, Bailey and Tran Ltd					193630.16				:	14812.71				
666 Lane Course Christopherchester WI 76750-1628				5 Medicare wages and tips				6						
				303943.06					8814.35					
'	CHITSCOPHEL	Chester	WI /0/30-1026		7 Social security tips				8	8 Allocated tips				
					193630.16					303943.06				
d Contro					9 Advance EIC payment				10					
	4821411									167				
e Employee's first name and initial Last name				11 Nonqualified plans				12a	12a See instructions for box 12					
Bonnie Diaz				241					E 7607					
				13 Statutory Retirement Third-party employee Plan Sick pay 14 Other (see enclosed Notice to Employee)				12b		1				
06230 Lester Rest Medinaview ME 36775-6101										345				
								e) 12c		1				
									G	428				
								12d	12d					
										D	361			
	yee's address and ZIP cod	е												
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	· · ·	18 Local	wages, tips, e	tc.	19 Local in	come tax	(20 Locality name		
GA	435-60	-183	115401.35	11065.1		1775	63.04		37015	.24		Michael Ford		
AR	494-92	-205	128053.12	11029.65		2188	25.69		47205	.35		Cole Vista		

Wage and Tax

Form W-2 Statement

5010

Cut here. Keep lower portion for your records.

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.

REISSUED a Employee's social security number						This information is being furnished to the Internal Revenue Service. If you are required								
S	STATEMENT 548-62-5849 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you this income is taxable and you fail to report it.								e imposed on you if					
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld					
93-8749932						242678.14				54466.01				
c Emplo	c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Smith, Bailey and Tran Ltd						193630.16				14812.71				
666 Lane Course						5 Medicare wages and tips 303943.06				6 Medicare tax withheld 8814.35				
														Christopherchester WI 76750-1628
						193630.16				303943.06				
d Contro	d Control number					9 Advance EIC payment				10 Dependent care benefits				
	4821411									167				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
					241				E 7607					
	Bonnie Diaz					13 Statutory Retirement Third-party								
06230 Lester Rest					employee plan sick pay						345			
							ad Nation to Emplo	voo)	12c		343			
Medinaview ME 36775-6101						14 Other (see enclosed Notice to Employee)					ſ			
					ļ					G	428			
									12d		ı			
										D	361			
f Emplo	ovee's address and ZIP co	de												
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wage:	s, tips, etc.	19 I	Local inc	come tax		20 Locality name		
GA	435-60)-183	115401.35	11065.1		177563	.04	37	015	.24		Michael For		
AR	494-92	2-205	128053.12	11029.65		218825	. 69	47	205	. 35		Cole Vist		

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

