F	REISSUED	a Employee's socia	I security number			Sa	afe, Accurate,	200	H	Visit the	IRS Website	
S	TATEMENT	85	8-38-1602	OMB N	o. 1545-0	008 F	AST! Use	G	ile	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld			
	42-1084657					219114.12			51671.29			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Schwartz and Sons LLC					259677.44				19865.32			
4109 Macdonald Stream Apt. 825					5 Medicare wages and tips				6 Medicare tax withheld			
Nicholasmouth DC 86758-5279					207725.42				6024.04			
'	Nicholasmouth DC 86758-5279					7 Social security tips			8 Allocated tips			
					259677.44				207725.42			
d Control number					9 Advance EIC payment			10	10 Dependent care benefits			
	6874927								144			
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12			
	Data da da	** - 1 t			271				1425			
	Patricia Hebert				13 Statutory Retirement Third-party employee plan sick pay				b	1		
760 Baldwin Trail Port Lisabury MO 11208-8367					X Dither (see enclosed Notice to Employee)				D	131		
									C	1		
									P 476			
									12d			
									H	938		
f Emplo	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 wa	ges, tips, etc.	19 Local	income ta	х	20 Locality name	
DE	147-34	-476	109091.4	9486.1		18102	8.04	3884	9.24		Samantha Row	
NV	236-44	-423	107133.76	8309.44		26682	2.88	3119	4.81		Jacob Route	

Wage and Tax Statement

Form W-2

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.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	ATEMENT	8.	58-38-1602	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 Employ	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
42-1084657					219114.12			51671.29				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Schwartz and Sons LLC						259677.44		19865.32				
	4109 Macdonald Stream Apt. 825				5 1	Medicare wages and tips	6	6 Medicare tax withheld				
_						207725.42		6024.04				
1	Nicholasmouth DC 86758-5279					Social security tips	8	8 Allocated tips				
					259677.44			207725.42				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
(6874927								144			
e Employ	ee's first name and initial	Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
1	Patricia Hebert				271			1425				
	14011014 1100010					13 Statutory Retirement Third-party employee plan sick pay						
•	760 Baldwin Trail				X			D	131			
1	Port Lisabury MO 11208-8367					14 Other (see enclosed Notice to Employee)			12c			
									476			
							12	d				
									020			
								н 938				
f Employee's address and ZIP code 15 State Employee's state ID number 16 State wages, tips, etc. 17 State income tax				18 Local wages, tips, etc. 19			Local income tax 20 Locality na					
DE	147-34		109091.4	9486.1		9 , , ,		38849.24		Samantha Row		
	T4,-3	<u> </u>		7400.1		101020.04	2004	J. 24		Saliantha ROW		
NV	236-44	1-423	107133.76	8309.44	266822.88 31		3119	31194.81		Jacob Route		

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

