REISSUED a Employee's social security number		Safe, Accurate,		Visit the IRS Website			
STATEMENT 178-42-1689	OMB No. 1545-0	0008 FAST! Use	et ville	at www.irs.gov/efile.			
b Employer identification number	1	Wages, tips, other compensation	2 Fee	deral income tax withheld			
06-1465660		231600.72	516	51685.09			
c Employer's name, address, and ZIP code	3	Social security wages	4 So	4 Social security tax withheld			
Brown, Robinson and Evans Group		234791.45		17961.55			
02553 White Plaza Apt. 323	5	Medicare wages and tips	6 Me				
Scottberg NY 22162-7190		300283.78		8708.23			
bcotcberg Ni 22102 /190	7	Social security tips	8 Alic	8 Allocated tips			
		234791.45		300283.78			
d Control number	9	Advance EIC payment	10 De	pendent care benefits			
1216698				233			
e Employee's first name and initial Last name	11	Nonqualified plans	12a Se	e instructions for box 12			
Kevin Smith		209	D	D 9791			
		tutory Retirement Third-party ployee plan sick pay	/ 12b				
438 Oneill Village Suite 207	em	X Sick pay		445			
New Jamesville NV 84382-1710	14	Other (see enclosed Notice to Emplo	yee) 12c	ì			
			Н	500			
			12d	i			
			Н	418			
f Employee's address and ZIP code							
	te income tax	18 Local wages, tips, etc.	19 Local income				
NY 149-30-239 113563.21 863	7.49	189198.8	34332.2	Perez Islands			
CT 912-48-594 111152.39 104	36.61	197106.31	30176.5	Brett Track			

Wage and Tax Statement

Form W-2

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
_	TATEMENT	1'	78-42-1689	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 Emplo	b Employer identification number				1 Wages, tips, other compensation					2 Federal income tax withheld			
06-1465660			231600.72					51685.09					
c Employer's name, address, and ZIP code			3 Social security wages					4 Social security tax withheld					
Brown, Robinson and Evans Group 02553 White Plaza Apt. 323 Scottberg NY 22162-7190			234791.45					17961.55					
			5 Medicare wages and tips					6 Medicare tax withheld					
			300283.78					8708.23					
			7 Social security tips					8 Allocated tips					
						234	1791.45					3002	83.78
d Contro	ol number				9	Advance	EIC payment			10	Depend	ent care be	enefits
	1216698											233	
e Employee's first name and initial Last name			11 Nonqualified plans					12a See instructions for box 12					
Kevin Smith			209					D 9791					
	INC VIII OMIT CII				tatutory mployee	Retirement plan	Third-party sick pay		12b		1		
438 Oneill Village Suite 207					X					445			
New Jamesville NV 84382-1710			14 Other (see enclosed Notice to Employee)				ree)	12c					
									Н	500			
									F	12d			
											н	418	
f [oyee's address and ZIP cod	_							ŀ		11	410	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Lo	cal wages, tips,	etc.	19 L	ocal inco	me tax		20 Locality name
NY	149-30		113563.21	8637.49		189198.8		34	4332.23			Perez Islands	
													Terez Islands
CT	912-48	-594	111152.39	10436.61		197	7106.31		30	176.	54		Brett Track

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

