RE	REISSUED a Employee's social security number				Safe, Accurate,					Visit the IRS Website			
STA	ATEMENT	85	59-52-9931	OMB N	lo. 1545-0	800	FAST! Us	e C	5~1	le)	at www.i	rs.gov/efile.	
b Employer	b Employer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld			
4	1-4120591					103606.54				19131.5			
c Employer	r's name, address, and Z	IP code			3	3 Social security wages				4 Social security tax withheld			
Bradley, Rodriguez and Shannon Group						104143.47				7966.98			
2383 Lyons Ranch Suite 219					5 Medicare wages and tips				6				
					133017.55					3857.51			
East Matthewborough WY 23285-1994					7 Social security tips				8				
						104143.47				133017.55			
d Control number					9 Advance EIC payment			10	10 Dependent care benefits				
9945670									251				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
Michael Smith 46938 Jason Road East Erica ME 04019-2086					132					н 3007			
					13 Statutory Retirement Third-party employee plan sick pay				12b		1		
										D	633		
					14	14 Other (see enclosed Notice to Employee)							
											772		
									12d	=			
										602			
										н 603			
15 State	e's address and ZIP code Employer's state ID nur		16 State wages, tips, etc.	17 State income tax	ļ	18 Local	wages, tips,	etc.	19 Local in	come tax	(20 Locality name	
MA	825-32		56338.29	3322.17		9447			20618	.23		Christopher Route	
						-						†	
VT	848-55	-210	54943.78	2834.41		1013	23.5	:	16808	. 67		Lopez Branch	

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement

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.

	REISSUED	a Employee's soci	•	OMP N	This information is being furnished to the Internal Revenue Service. If you are required OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	STATEMENT 659 52 9951				this income is taxable and you fail to report it.							
	b Employer identification number					Wages, tips, other compensation	2 Federal income tax withheld					
41-4120591					3	103606.54	19131.5					
	c Employer's name, address, and ZIP code					Social security wages	4 Social security tax withheld					
Bradley, Rodriguez and Shannon Group						104143.47	7966.98					
2383 Lyons Ranch Suite 219					5	Medicare wages and tips	6 Medicare tax withheld					
						133017.55	3857.51					
	East Matthewborough WY 23285-1994					Social security tips	8 Allocated tips					
						104143.47	133017.55					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	9945670								251			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Michael Smith						132	н 3007					
					13 Stat	utory Retirement Third-party	12b					
					emp	oloyee plan sick pay	D	633				
	East Erica ME 04019-2086					Other (see enclosed Notice to Employ	12c					
						Other (see enclosed Notice to Employ	120	1				
							772					
								12d	1			
							н	603				
f Employee's address and ZIP code										•		
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		· · · · · · · · · · · · · · · · · · ·		Local income tax		20 Locality name		
MA	825-32	2-169	56338.29	3322.17		94479.96 20		618.23		Christopher Route		
VT	848-55	5-210	54943.78	2834.41	101323.5		16	808.67		Lopez Branch		

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

