| RE | REISSUED a Employee's social security number | | | | Safe, Accurate, | | | | | Visit the IRS Website | | | | |
|---|--|------|----------------------------|-----------------------------------|--|--|-------------------|---------------------------------|-------------------------------|--------------------------------|---------|----------|--------------|--------|
| STA | TEMENT | 65 | 57-32-8832 | OMB N | lo. 1545- | -0008 | FAST! Us | e | <u></u> | | e | at www.i | rs.gov/efile | ١. |
| b Employer identification number | | | | 1 Wages, tips, other compensation | | | | | 2 Federal income tax withheld | | | | | |
| 11-5155498 | | | | | | 141945.63 | | | | 27042.18 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | | | 4 Social security tax withheld | | | | |
| Schneider-Bailey LLC | | | | | | 165923.29 | | | | 12693.13 | | | | |
| 72258 Teresa Route Suite 209 New Bryan HI 55726-0721 | | | | | 5 Medicare wages and tips | | | | | 6 Medicare tax withheld | | | | |
| | | | | | 160293.49 | | | | | 4648.51 | | | | |
| 146 | New Bryan HI 55720-0721 | | | | | 7 Social security tips | | | | 8 Allocated tips | | | | |
| | | | | | 165923.29 | | | | | 160293.49 | | | | |
| d Control nu | | | | | 9 | 9 Advance EIC payment 10 Dependent care benefits | | | | | enefits | | | |
| 33 | 33932 | | | | | | | | 172 | | | | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | | | |
| Richard Blake | | | | | 275 | | | | | 6391 | | | | |
| | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | | 12b | | | | |
| 9695 Bennett Springs Apt. 132 | | | | | en | npioyee | X | SICK pay | | | | 845 | | |
| New Megan MA 63306-9689 | | | | | 14 Other (see enclosed Notice to Employee) | | | | ee) | 12c | | | | |
| | | | | | | | | | | | D | 303 | | |
| | | | | | | | | | | 12d | | | | |
| | | | | | | | | | | | E | 400 | | |
| f Employee | e's address and ZIP code | • | | | | | | | | | | <u> </u> | | |
| 15 State | Employer's state ID nur | nber | 16 State wages, tips, etc. | 17 State income tax | | 18 Loca | ıl wages, tips, e | etc. | 19 Lo | ocal inco | ome tax | | 20 Locality | name |
| TN | 592-46 | -181 | 68402.63 | 3191.66 | | 1666 | 33.12 | | 26: | 152. | 36 | | Hester | Common |
| NJ | 044-13 | -016 | 74365.12 | 3769.82 | | 1817 | 774.57 | | 248 | 828. | 35 | | Scott 1 | Drives |

Wage and Tax

Form W-2 Statement

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 | REISSUED | a Employee's socia | al security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | |
|--|---|--------------------|----------------------------|---------------------|---|--------------------------------------|------------------|---------------------------------|-----|------------------|--|
| | TATEMENT | 65 | 57-32-8832 | OMB No | 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 Employer identification number | | | | | Vages, tips, other compensation | | 2 Federal income tax withheld | | | |
| 11-5155498 | | | | | | 141945.63 | | 27042.18 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 8 | ocial security wages | | 4 Social security tax withheld | | | |
| Schneider-Bailey LLC | | | | | | 165923.29 | | 12693.13 | | | |
| 72258 Teresa Route Suite 209 | | | | | 5 N | Medicare wages and tips | | 6 Medicare tax withheld | | | |
| | | | | | | 160293.49 | | 4648.51 | | | |
| New Bryan HI 55726-0721 | | | | 7 5 | ocial security tips | | 8 Allocated tips | | | | |
| | | | | | | 165923.29 | | 160293.49 | | | |
| d Control number | | | | | 9 / | dvance EIC payment | | 10 Dependent care benefits | | | |
| : | 333932 | | | | | | | 172 | | | |
| e Employ | e Employee's first name and initial Last name | | | | 11 1 | lonqualified plans | | 12a See instructions for box 12 | | | |
| Richard Blake | | | | | 275 13 Statutory Retirement Third-party | | | 6391 | | | |
| | | | | | 13 Statu empl | | | | | | |
| 9695 Bennett Springs Apt. 132 | | | | | | x | | | 845 | | |
| New Megan MA 63306-9689 | | | | | 14 (| Other (see enclosed Notice to Employ | ree) | 12c | | | |
| | | | | | | | | D 303 | | | |
| | | | | | | | F | 12d | | | |
| | | | | | | | | E | 400 | | |
| f Employ | vee's address and ZIP cod | e | | | | | - | | | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 L | ocal income | tax | 20 Locality name | |
| TN | 592-46 | -181 | 68402.63 | 3191.66 | | 166633.12 | 26 | 152.3 | 6 | Hester Common | |
| ŊJ | 044-13 | -016 | 74365.12 | 3769.82 | | 181774.57 | 24 | 828.3 | 5 | Scott Drives | |

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

