F	REISSUED	a Employee's socia	I security number			Safe, Ac	curate,			Visit the I	RS Website	е
S	TATEMENT	19	5-36-6099	OMB N	o. 1545-0	008 FAST! U	se 🔍	e ≁fi	<i>i</i>	at www.ir	s.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld			
91-7109169						245905.51			58759.73			
c Employer's name, address, and ZIP code						Social security wages	4	4 Social security tax withheld				
Sanchez, Smith and Blake Inc					202968.51			1	15527.09			
3395 Dawn Wall Apt. 979					5 Medicare wages and tips			6				
Sharonbury GA 30716-7052					262961.66				7625.89			
	Sharohbury GA 30/10-7032					7 Social security tips			8 Allocated tips			
						202968.51			262961.66			
d Contro					9 Advance EIC payment			10	10 Dependent care benefits			
	4165888								139			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	- 1:	Robinson			129				7076			
	Jodi F	13 Statutory Retirement Third-party employee plan sick pay				· · · · · · · · · · · · · · · · · · ·			-			
2495 Warren Trace Suite 832						employee plan sick pay				146		
Jesusshire AZ 00929-8039					14 Other (see enclosed Notice to Employee)			e) 12c	12c			
									805			
								12d	12d			
									н	879		
f Emplo	vee's address and ZIP cod	Δ.										
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	, etc.	19 Local inc	ome tax		20 Locality r	name
WA	102-58	-113	125681.79	11203.07		242958.18	58.18 34		.14		Wiley V	√ista
TX	621-42	-334	134518.25	13917.31		291386.16	5	43947	. 24		Sanders 1	Meadow

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.

R	EISSUED	a Employee's socia	al security number			This information is being furnis	hed to	the Interna	I Revenue Sen	rice. If you are required		
	TATEMENT 195-36-6099 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.								e imposed on you if			
b Employer identification number					1 V	Vages, tips, other compensation	Idii to I	2 Federal income tax withheld				
91-7109169						245905.51		58759.73				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Sanchez, Smith and Blake Inc 3395 Dawn Wall Apt. 979 Sharonbury GA 30716-7052						202968.51		15527.09				
					5 N	ledicare wages and tips		6 Medicare tax withheld 7625.89				
						262961.66						
					7 8	ocial security tips		8 Allocated tips				
						202968.51		262961.66				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits				
	4165888								139			
e Employ	ee's first name and initial	Last name	9		11 Nonqualified plans			12a See instructions for box 12				
	Jodi Robinson				129			7076				
	bour Robinson					13 Statutory Retirement Third-party employee plan sick pay			12b			
2495 Warren Trace Suite 832 Jesusshire AZ 00929-8039					X			146				
					14 (Other (see enclosed Notice to Employ	yee)	12c				
					1			805				
									12d			
								н	879			
f Employ	vee's address and ZIP cod	lo.					F	11	. 013			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	ocal income	e tax	20 Locality name		
WA	102-58	-113	125681.79	11203.07		242958.18	343	311.1	.4	Wiley Vista		
							1			† <u>-</u>		
ТX	621-42	-334	134518.25	13917.31		291386.16	439	947.2	4	Sanders Meadow		

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

