| REISSUED a Employee's social security number | | | | | | 5 | Safe, Accurat | e, | | | Visit the | IRS Websi | ite | |
|---|----------------------------|---------|----------------------------|---------------------|-------------|--|-------------------|-----------|-----------|---------------------------------|-----------|--------------|--------|--|
| S | TATEMENT | 19 | 3-09-6921 | OMB N | No. 1545-00 | 08 F | FAST! Use | | 1 | 16 | at www.i | rs.gov/efile |). | |
| b Emplo | yer identification number | | | | 1 V | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | | |
| 83-3011788 | | | | | | 131604.61 | | | | 43036.2 | | | | |
| c Emplo | yer's name, address, and 2 | IP code | | | 3 S | 3 Social security wages | | | | 4 Social security tax withheld | | | | |
| Smith and Sons Ltd | | | | | | 145426.79 | | | | 11125.15 | | | | |
| 278 John Mission | | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | |
| Taylorside WV 85851-0586 | | | | | | 168531.13 | | | | 4887.4 | | | | |
| | | | | | 7 S | 7 Social security tips | | | | 8 Allocated tips | | | | |
| | | | | | | 145426.79 | | | | 168531.13 | | | | |
| d Control number | | | | | 9 A | 9 Advance EIC payment | | | | 10 Dependent care benefits | | | | |
| 6914169 | | | | | | | | | | 144 | | | | |
| e Employee's first name and initial Last name | | | | | 11 N | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | |
| Billy Brown | | | | | | 280 | | | | D 2489 | | | | |
| | | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | | ì | | | |
| 134 Alexandra Tunnel Suite 620 | | | | | X | - | X | ж рау | | G | 750 | | | |
| New Kelly RI 57475-2123 | | | | | 14 C | ther (see en | nclosed Notice to | Employee) | 12c | | 1 | | | |
| 1.6. 1.611, 1.1 67176 1115 | | | | | | | | | | | 998 | | | |
| | | | | | | | | | 12d | | 1 | - | | |
| | | | | | | | | | | D | 437 | | | |
| | 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 w | vages, tips, etc. | 19 | Local inc | come tax | (| 20 Locality | / name | |
| KS | 510-97 | -089 | 65655.68 | 3104.29 | | 99093 | 3.12 | 10 | 6519 | . 93 | | Cook | Wall | |
| MD | 073-16 | -774 | 68710.47 | 3169.51 | | 139599.72 | | 0291.87 | | | Daniel | Courts | | |
| Wage and Tax | | | | | | Department of the TreasuryInternal Revenue Service | | | | | | | | |
| Form W-2 Statement LUJ | | | | | | | | | | | | | | |

Statement Form W-2 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 socia | • | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if | | | | | | | | | |
|--|---|--------------------|----------------------------|--|--|---|---------------------------------|----------------------------|-------|------------|--------|--|--|
| | TATEMENT 193-09-6921 OMB No. | | | | | No. 1545-0008 this income is taxable and you fail to report it. | | | | | | | |
| b Emplo | b Employer identification number | | | | | Vages, tips, other compensation | Federal income tax withheld | | | | | | |
| 83-3011788 | | | | | | 131604.61 | 43036.2 | | | | | | |
| c Employer's name, address, and ZIP code | | | | | | Social security wages | 4 Social security tax withheld | | | | | | |
| Smith and Sons Ltd 278 John Mission | | | | | | 145426.79 | 11125.15 | | | | | | |
| | | | | | | Medicare wages and tips | 6 Medicare tax withheld 4887.4 | | | | | | |
| | | | | | | 168531.13 | | | | | | | |
| Taylorside WV 85851-0586 | | | | | 7 5 | Social security tips | 8 Allocated tips | | | | | | |
| | | | | | | 145426.79 | 168531.13 | | | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | |
| | 6914169 | | | | | ļ | | | 144 | | | | |
| e Emplo | e Employee's first name and initial Last name | | | | | lonqualified plans | 12a See instructions for box 12 | | | | | | |
| | | | | | | 280 | D 2489 | | | | | | |
| Billy Brown 134 Alexandra Tunnel Suite 620 New Kelly RI 57475-2123 | | | | | 13 Statu | | 12b | | | | | | |
| | | | | | employee plan sick pay X Other (see enclosed Notice to Employee) | | | G | g 750 | | | | |
| | | | | | | | | | | | | | |
| | | | | | 14 (| other (see enclosed Notice to Employ | 120 | | | | | | |
| | | | | | | | 998 | | | | | | |
| | | | | | | | İ | 12d | 1 | | | | |
| | | | | | | | | | 437 | | | | |
| f Employee's address and ZIP code | | | | | | | | | | | | | |
| 15 State | Employer's state ID n | | 16 State wages, tips, etc. | 17 State income tax | | 3.7,7,7, | | Local income tax | | 20 Localit | y name | | |
| KS | 510-97 | 7-089 | 65655.68 | 3104.29 | | 99093.12 10 | | 519.93 | | Cook | Wall | | |
| MD | 073-16 | 5-774 | 68710.47 | 3169.51 | | 139599.72 | 20 | 291.87 | | Daniel | Courts | | |

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

