REISSUED a Em	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website						
STATEMENT	300-74-5366	OMB No	o. 1545-00	08 FAST! Use			at ww	w.irs.gov/efile.		
b Employer identification number		•	1 W	ages, tips, other compe	nsation	2 F	ederal income	e tax withheld		
51-5555336			205902.17			24265.94				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Martin-Snyder LLC			247116.69			18904.43				
40894 Greene Key Apt. 007			5 Medicare wages and tips			6 Medicare tax withheld				
			164701.85				4776.35			
Hoganbury WI 55080-1875			7 Social security tips			8 Allocated tips				
				247116.69			164701.85			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
2802941						198				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Emily Parker			111			P 9587				
			13 Statute		Third-party	12b				
56727 Reynolds Keys			emplo	yee plan	sick pay		706	5		
Juanport OH 17430-3570			14 Other (see enclosed Notice to Employee)			12c	1			
							168	3		
			<u> </u>			12d				
							P 138	,		
6 Familia de la desarra de 1710 de 1							P 130)		
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	tc. 19	Local inco	me tax	20 Locality name		
DC 700-93-09	= ' ' '	9931.64		180844.11		9920.	22	Matthews Street		
WI 142-20-58	98397.4	6329.06		235222.64	30	0248.	76	Adams Port		

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 socia	al security number			This information is being furnis	hed to	the Internal Rev	enue Serv	ice. If you are required	
STATEMENT	30	00-74-5366	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 Employer identification number			Wages, tips, other compensation			2 Federal income tax withheld				
51-5555336			205902.17			24265.94				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Martin-Snyder LLC			247116.69			18904.43				
40894 Greene Key Apt. 007 Hoganbury WI 55080-1875			5 Medicare wages and tips			6 Medicare tax withheld				
			164701.85			4776.35				
			7 Social security tips			8 Allocated tips				
				247116.69			164701.85			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
2802941						198				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Emily Parker			111			P 9587				
			13 Statu	ory Retirement Third-party		12b				
56727 Reynolds Keys			emplo	pyee plan sick pay			706			
			14 C	ther (see enclosed Notice to Employ	ree)	12c	<u> </u>			
Juanport OH 17430-3570			, , , ,							
						168				
							12d	İ		
			!			P 138				
f Employee's address and ZIP										
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax		20 Locality name	
DC 700-	93-090	102073.19	9931.64		180844.11	39	920.22		Matthews Street	
WI 142-2	20-588	98397.4	6329.06		235222.64	30	248.76		Adams Port	

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

