REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website					
STATEMENT 739-38-9441	OMB No. 1545-00	008 FAST! Use	at www	irs.gov/efile.		
<b>b</b> Employer identification number	1 \	Vages, tips, other compensation	2 Federal income t	ax withheld		
36-8495191		211592.3	33595.82	33595.82		
c Employer's name, address, and ZIP code	3 5	Social security wages	4 Social security ta	4 Social security tax withheld		
Smith-Lopez Ltd		173252.94	13253.85	13253.85		
08348 Velasquez Orchard	5 1	Medicare wages and tips				
_		164559.93	=	4772.24		
North Josephside WA 09813-3312	7 5	Social security tips	·	8 Allocated tips		
		173252.94		559.93		
d Control number		Advance EIC payment	· ·	10 Dependent care benefits		
4862635			210	210		
e Employee's first name and initial Last name		lonqualified plans	12a See instruction	12a See instructions for box 12		
		145	н 9172	н 9172		
Lee Marshall		tory Retirement Third-party	12b			
006 Gray Forges Suite 931	empi	oyee plan sick pay	787			
Hineston MA 16478-2912		Other (see enclosed Notice to Employ	yee) 12c			
			236			
			12d	12d		
			405			
f Employee's address and ZIP code		I do I and a service of	140 1 1	00.1		
10 0 mile   10 0	income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
CO 964-82-379 101298.41 5827	.05	216296.16	34956.65	Scott Roads		
DE 404-88-352 114195.04 5547	.82	273864.35	34222.33	Simpson Stream		

Wage and Tax Statement

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.

REISSUED	a Employee's socia	I security number			This information is being furnis	hed to	the Internal Rev	enue Servi	ce. If you are required	
STATEMENT	73	39-38-9441	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>b</b> Employer identification number	<u> </u>		l l	1 V	/ages, tips, other compensation			income tax	withheld	
36-8495191			211592.3			33595.82				
c Employer's name, address, and	ZIP code			3 Social security wages			4 Social security tax withheld			
Smith-Lopez Ltd			173252.94			13253.85				
08348 Velasquez Orchard North Josephside WA 09813-3312			5 Medicare wages and tips			6 Medicare tax withheld				
			164559.93			4772.24				
			7 Social security tips			8 Allocated tips				
			173252.94			164559.93				
d Control number			9 Advance EIC payment			10 Dependent care benefits				
4862635						210				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
			145			н 9172				
Lee Marshall			13 Statu	ory Retirement Third-party		12b				
006 Gray Forges Suite 931			employee plan sick pay				787			
				14 C	hther (see enclosed Notice to Employ	(ee)	12c			
Hineston MA 16478-2912			14 Cital (acc choicean House to Employee)			120				
		236								
						-	12d			
					405					
f Employee's address and ZIP co	de							•		
15 State Employer's state ID r	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name	
CO 964-8	2-379	101298.41	5827.05		216296.16	34	956.65		Scott Roads	
DE 404-8	8-352	114195.04	5547.82		273864.35	34	222.33		Simpson Stream	

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

