REISSUED a Empl	oyee's social security number		Safe, Accurate, Visit the IRS Website							
STATEMENT	466-76-5384	OMB No	o. 1545-00	008 FAST! Use			at w	vw.irs.gov/efile.		
<b>b</b> Employer identification number			1 V	Vages, tips, other compe	nsation	2	Federal incom	e tax withheld		
74-9002279				56486.19			12967.3			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Smith-Duarte Group			69355.19				5305.67			
1646 Justin Groves Suite 259 East Davidside MD 45021-6141			5 Medicare wages and tips			6				
			64160.36				1860.65			
East Davidside MD 45021-0141			7 Social security tips			8	8 Allocated tips			
				69355.19				160.36		
d Control number			9 Advance EIC payment 10 Dependent care be							
791336							224			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Michael Rasmussen			105				н 2833			
			13 Statutory Retirement Third-party employee plan sick pay			12b	12b			
5786 Christopher Circles			x				854			
Stacyton UT 01070-2782			14	Other (see enclosed Notice	e to Employee	) 12c	i			
beacycon or orono 2702							85	4		
						12d	12d			
							н 73	9		
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. 1	9 Local inco	Local income tax 20 Locality name			
СТ 996-89-378	25852.5	2116.04	41304.86 10536.02		Richardson Stravenue					
GA 460-70-202	2 27539.63	2523.4		64966.59 7		7206.61		Hill Dale		

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.

R	REISSUED	a Employee's soc	•		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					
ST	<b>TATEMENT</b>	4	66-76-5384	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.					
<b>b</b> Employ	yer identification number				1 Wages, tips, other compensation			Federal income tax withheld		
74-9002279				56486.19			12967.3			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
Smith-Duarte Group				69355.19			5305.67			
1646 Justin Groves Suite 259 East Davidside MD 45021-6141			5 Medicare wages and tips 64160.36			6 Medicare tax withheld 1860.65				
									7 Social security tips	
							69355.19			64160.36
<b>d</b> Contro	d Control number			9 Advance EIC payment			10 Dependent care benefits			
'	791336								224	
e Employ	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Michael Rasmussen			105			н 2833				
	112011dC1 1td0tttd05C11			13 Statutory Retirement Third-party  employee plan sick pay			12b			
5786 Christopher Circles				X			854			
	Stacyton UT 01070-2782			14 Other (see enclosed Notice to Employee)			12c			
56464661 61 61676 2762						854				
							12d			
							н	н 739		
	yee's address and ZIP co		T	T		T				T
15 State	Employer's state ID r		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name
СТ	996-8	9-378	25852.5	2116.04		41304.86	10	536.02		Richardson Stravenue
GA	460-7	0-202	27539.63	2523.4		64966.59	72	06.61		Hill Dale

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

