F	REISSUED	a Employee's socia	l security number			Sa	e, Accurate,	ee 🖸	-2 G H		Visit the	IRS Website
S	TATEMENT	71	.1-25-8886	OMB N	o. 1545-	0008 FA	ST! Use	J	7 1111	e	at www.i	rs.gov/efile.
b Emplo	yer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld			
	88-5242089					185723.53			50542.64			
c Emplo	yer's name, address, and Z	IP code			3 Social security wages				4 Social security tax withheld			
Smith Group PLC					201156.42				15388.47			
5957 Simpson Summit Apt. 259 Christinefort KY 62325-3109					5 Medicare wages and tips				6 Medicare tax withheld			
					144689.84				4196.01			
					7 Social security tips				8 Allocated tips			
					201156.42				144689.84			
	ol number				9 Advance EIC payment				10 Dependent care benefits			
1672960									281			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
Mary Thompson					209				G 1047			
	Mary Inompson					13 Statutory Retirement Third-party employee plan sick pay				ı		
70924 Graham Center Suite 989 Kaylashire VA 81621-2986					x x				P 444			
					14 Other (see enclosed Notice to Employee)			yee)	12c	1		
									481			
										12d		
										E	885	
f Employee's address and ZIP code												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wag		1	_ocal inco			20 Locality name
VT	483-01	-094	100378.27	3864.92		146142.95 3		36	6186.86			Taylor Burgs
MD	022-01	022-01-553 101411.37 4310.33		4310.33	142613.09		34	34876.75			Hernandez Trace	

Wage and Tax Statement

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.

F	REISSUED	a Employee's soci	al security number		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							
S	TATEMENT	7:	L1-25-8886	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 Emplo	b Employer identification number					Wages, tips, other compensation	2 Federal income tax withheld					
88-5242089						185723.53			50542.64			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Smith Group PLC 5957 Simpson Summit Apt. 259 Christinefort KY 62325-3109						201156.42	15388.47					
					5	Medicare wages and tips	6 Medicare tax withheld					
						144689.84	4196.01					
					7	Social security tips	8 Allocated tips					
						201156.42	144689.84					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	1672960								281			
e Emplo	e Employee's first name and initial Last name					Nonqualified plans	12a See instructions for box 12					
	Mary Thompson 70924 Graham Center Suite 989					209			G 1047			
						utory Retirement Third ployee plan sick	12b	1				
						X X			444			
Kaylashire VA 81621-2986					14 Other (see enclosed Notice to Employee)			12c				
								481				
								12d				
									E 885			
f Employee's address and ZIP code												
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		1.0 =====g==,		Local income tax		20 Locality name		
VT	483-01	L-094	100378.27	3864.92		146142.95	3	6186.86		Taylor Burgs		
MD	022-01	L-553	101411.37	4310.33		142613.09	3	4876.75		Hernandez Trace		

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

