REISSUED						Safe, Accu	188		æ		IRS Website	
STATEMENT	17	75-16-2248	OMB N	lo. 1545-00	800	FAST! Us	e	<i>-</i> ~ III		at www.i	rs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation			2	Federal income tax withheld			
35-6378545					224779.5			5	53597.18			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Wilkins, Sweeney and Camacho Ltd					288870.1				22098.56			
02348 Thomas Vista Apt. 838					5 Medicare wages and tips				6 Medicare tax withheld			
-					269984.3				7829.54			
Andersonton GA 54802-8981					7 Social security tips			8	8 Allocated tips			
					288870.1				269984.3			
d Control number					9 Advance EIC payment				10 Dependent care benefits			
8658847										163		
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12			
On which the					173				E 4496			
Carmen Smith					13 Statutory Retirement Third-party employee plan sick pay					ı		
7863 Dominguez Harbor						X			H	933		
East Stephenbury ME 90970-7974						enclosed Notic	ce to Employee	e) 12c		ı		
• •									н	392		
								12d				
										427		
f Employee's address and ZIP o		Tro or .	Ti- o		T						Lag I III	
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax			wages, tips, e		9 Local inc		(20 Locality name	
IN 305-4	7-788	123233.39	13929.17		2213	28.42	3	36561	.12		Williamson Hill	
DE 451-5	7-667	118545.3	10007.75		2486	63.94	2	25887	.54		Carroll Overpass	

Wage and Tax Statement

Form W-2

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 social security number	This information is being furnished to the Internal Revenue Service. If you are required								
STATEMENT 175-16-2248	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	1 Wages, tips, other compensation 2 Federal income tax withheld								
35-6378545	224779.5 53597.18								
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld								
Wilkins, Sweeney and Camacho Ltd	288870.1 22098.56								
02348 Thomas Vista Apt. 838	5 Medicare wages and tips 6 Medicare tax withheld								
Andersonton GA 54802-8981	269984.3 7829.54								
Andersonton GA 54602-6961	7 Social security tips 8 Allocated tips								
	288870.1 269984.3								
d Control number	9 Advance EIC payment 10 Dependent care benefits								
8658847	163								
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12								
0 0 111	173 E 4496								
Carmen Smith	13 Statutory Retirement Third-party 12b								
7863 Dominguez Harbor	mployee plan sick pay H 933								
Foot Stocharburn ME 00070 7074	14 Other (see enclosed Notice to Employee) 12c								
East Stephenbury ME 90970-7974	77 200								
	H 392								
	120								
	427								
f Employee's address and ZIP code									
	ncome tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name								
IN 305-47-788 123233.39 1392	9.17 221328.42 36561.12 Williamson Hil								
DE 451-57-667 118545.3 1000	7.75 248663.94 25887.54 carroll Overpas								

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

