REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					Visit the IRS Website			
STATEMENT 390-09-7595	OMB N	o. 1545-0008	FAST! Us	e e		G	at www.irs.gov/efile.			
b Employer identification number		1 Wage	es, tips, other compe	ensation	2	Federal	income tax withheld			
04-9193009			207650.82				68032.71			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Golden and Sons Inc			250521.2			19164.87				
395 Daniel Green South Erikside IL 93723-7136			5 Medicare wages and tips				6 Medicare tax withheld			
			265497.02				7699.41			
			7 Social security tips			8 Allocated tips				
	250521.2				265497.02					
d Control number			9 Advance EIC payment			10 Dependent care benefits				
2387819						132				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
			102			E 5586				
Jessica Smith 5694 Thomas Trafficway West Michael MI 52851-6797			Retirement	Third-party sick pay	12b					
			employee plan sick pay 14 Other (see enclosed Notice to Employee)				365			
						ı				
						E	933			
			1			12d				
						G	308			
f Employee's address and ZIP code	47.00-1-1	140	Landon en en en en	1.	10 ! !		100 1			
15 State Employer's state ID number 16 State wages, tips, etc.			Local wages, tips,		19 Local inc		20 Locality name			
CT 823-59-379 101501.3	5103.56	1:	56176.15		33158	. 45	Anthony Village			
IA 268-31-311 98209.58	4025.07	1	77152.37	3	34208	. 51	Huffman Islands			

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.

REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	39	90-09-7595	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			1 Wages, tips, other compensation			Federal income tax withheld					
04-9193009			207650.82			68032.71					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Golden and Sons Inc				250521.2			19164.87				
395 Daniel Green				5 N	ledicare wages and tips		6 Medicare tax withheld				
				265497.02			7699.41				
South Erikside IL 93723-7136			7 Social security tips			8 Allocated tips					
				250521.2			265497.02				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
2387819								132			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Jessica Smith			102			E 5586					
			13 Statu			12b	1				
5694 Thomas Trafficway			emple	oyee plan sick pay			365				
West Michael MI 52851-6797			14 Other (see enclosed Notice to Employee)			12c					
						E	933				
						-	12d	100			
							_				
							G	308			
f Employee's address and 15 State Employer's sta		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10.1	ocal income ta	,	20 Locality name		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9			5	_		`			
CT 823	3-59-379	101501.3	5103.56		156176.15	33.	158.45		Anthony Village		
IA 268	3-31-311	98209.58	4025.07		177152.37	34:	208.51		Huffman Islands		

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

