REISSUE	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website				
STATEMEN	T 1	14-81-3138	OMB N	o. 1545-00	08 FAST! U	lse 🐣	E TI	le)	at www.i	rs.gov/efile.		
b Employer identification number				1 W	1 Wages, tips, other compensation				Federal income tax withheld			
59-1060	564			130937.65			1	19486.36				
c Employer's name, add	ess, and ZIP code			3 Social security wages			4	4 Social security tax withheld				
Smith-Kennedy Inc				96352.7			-	7370.98				
3588 Rachel Lodge				5 Medicare wages and tips			6					
Kristenfurt KS 01220-8445				120825.76				3503.95				
				7 Social security tips				8 Allocated tips				
				96352.7				120825.76				
d Control number				9 Advance EIC payment			10					
8957933								152				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
				297				D 7592				
Matthew Webb				13 Statut		Third-party sick pay	12b		i			
3824 Carlson Island				emplo	yee plan	SICK PAY		D	125			
Port Mary OR 39234-3203				14 Other (see enclosed Notice to Employee)			yee) 12c		ı			
								P	196			
				1			12d	12d				
									732			
f Employee's address a	nd ZIP code								• • •			
1 1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	state ID number	16 State wages, tips, etc.	17 State income tax	Į.	18 Local wages, tips	, etc.	19 Local in	come tax		20 Locality name		
SD 1	4-39-987	66316.37	5329.53		151335.06	5	16694	.53		Rodriguez Mission		
RI 2	8-41-110	62237.46	7266.82		144062.27	1	20868	8.88		Anthony Forest		

Wage and Tax

Form W-2 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.

R	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
ST	ATEMENT	13	L4-81-3138	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 Employe	b Employer identification number				1 '	Vages, tips, other compensation		2 Federal income tax withheld			
59-1060564				130937.65			19486.36				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Smith-Kennedy Inc				96352.7			7370.98				
3588 Rachel Lodge				5 Medicare wages and tips			6 Medicare tax withheld				
				120825.76			3503.95				
r	Kristenfurt KS 01220-8445				7 Social security tips			8 Allocated tips			
				96352.7			120825.76				
d Control	d Control number				9 Advance EIC payment			10 Dependent care benefits			
8	8957933								152		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
				297			D 7592				
ı	Matthew Webb				13 Statutory Retirement Third-party			12b			
3824 Carlson Island				emp	oyee plan sick pay		D	125			
				14 (Other (see enclosed Notice to Employ	ee)	12c				
Port Mary OR 39234-3203											
							P 196				
								12d			
									732		
f Employee's address and ZIP code											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	ocal income tax		20 Locality name	
SD	114-39	987	66316.37	5329.53		151335.06	160	694.53		Rodriguez Mission	
RI	248-41	-110	62237.46	7266.82		144062.27	208	868.88		Anthony Forest	

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

