REISSUED	a Employee's soci	•		Safe, Accurate, OMB No. 1545-0008 FAST! Use OMB No. 1545-0008 FAST! Use						ite			
STATEMENT	0.	55-02-5553	OMB N	lo. 1545-0	0008 FAS	T! Use	G			at www.ii	rs.gov/efile).	
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
51-7054251					175488.2				45530.25				
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld					
Jones, Perez and Moore Inc				197695.49				15123.7					
31304 Anna Trafficway				5 Medicare wages and tips				6 Medicare tax withheld					
East Patrick AK 11227-9708					196591.47				5701.15				
					7 Social security tips				8 Allocated tips				
					197695.49			196591.47					
d Control number				9 Advance EIC payment 10 Dependent care benefits					enefits				
480733								151					
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
Brett Smith					111				2626				
					13 Statutory Retirement Third-party employee plan sick pay				12b				
507 Larsen Fords Apt. 576				X	- i	SICK Pay				159			
Josephfurt MI 12080-5671					14 Other (see enclosed Notice to Employee)				i				
									P	167			
								12d					
									н	492			
f Employee's address and ZIP	code								1				
15 State Employer's state II		16 State wages, tips, etc.	17 State income tax	1	18 Local wages	s, tips, etc.	19 Lo	ocal inco	me tax		20 Locality	name /	
DC 634-	59-261	85283.72	6403.92		222443	. 3	213	366.	09		Matthew	Viaduct	
CO 781-	14-532	94929.86	4582.87		214830	. 75	212	254.	45		Adam	Spur	

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.

RFIS	SUED	a Employee's socia	I security number		This information is being furnished to the Internal Revenue Service. If you are required						
	EMENT	05	55-02-5553	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 ide	b Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld			
51-7054251				175488.2			45530.25				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Jones, Perez and Moore Inc				197695.49			15123.7				
31304 Anna Trafficway				5 Medicare wages and tips			6 Medicare tax withheld				
East Patrick AK 11227-9708					196591.47	5701.15					
				7 Social security tips			8 Allocated tips				
					197695.49	196591.47					
d Control number				9 Advance EIC payment			10 Dependent care benefits				
480733							151				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Brett Smith 507 Larsen Fords Apt. 576 Josephfurt MI 12080-5671				111 13 Statutory Retirement Third-party			2626				
				mployee plan sick pay X Steps 14 Other (see enclosed Notice to Employee)			159				
							12c				
							P 167				
							İ	12d			
					!			н	492		
f Employee's address and ZIP code						ŀ		1			
15 State En	nployer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	Local income ta	(20 Locality name	
DC	634-59	-261	85283.72	6403.92		222443.3	21	366.09		Matthew Viaduct	
со	781-44	-532	94929.86	4582.87		214830.75	21	254.45		Adam Spur	

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

