RI	EISSUED	a Employee's socia	I security number			Saf	e, Accurate,	Ref) _ 6	7	Visit the	IRS Website		
ST	ATEMENT	17	4-01-2329	OM	MB No. 1545-0	008 <b>FA</b> \$	T! Use	rse v f	116	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld				
16-7353111						241523.7			75686.19				
<b>c</b> Employe	er's name, address, and Z	IP code			3	3 Social security wages				4 Social security tax withheld			
Montgomery, Martin and Collins and Sons						300868.08				23016.41			
4902 Higgins Ferry Apt. 053					5				6 Medicare tax withheld				
Brandonton SD 65359-0446						281717.1				8169.8			
	standon con	SD 6333	9-0440		7	7 Social security tips			8 Allocated tips				
						300868.08			281717.1				
d Control	number				9	9 Advance EIC payment			10 Dependent care benefits				
1	.86064					1			195				
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12				
_		a :				152			G 9219				
	Lawrence	Smith				13 Statutory Retirement Third-party							
74875 Hall Mill						employee plan sick pay				853			
Lake Morganview MI 46640-7819						14 Other (see enclosed Notice to Employee)				1			
Take horganizer in 10010 7013									D	531			
									12d				
									Н	667			
f Employe	ee's address and ZIP cod	е											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income	e tax	18 Local wag	es, tips, etc.	19 Local in	come tax	(	20 Locality name		
NJ	838-06	-590	130145.39	7323.03		283836	.74	45645	.32		Graham Village		
ні	402-01	-603	112583.99	5987.78	<b> </b>	192178	.79	33343	3.19		Samuel Crossroad		

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.

REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	17	74-01-2329	OME	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				Wages, tips, other compensation			2 Federal income tax withheld			
16-7353111					241523.7			75686.19			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Montgomery, Martin and Collins and Sons					300868.08			23016.41			
4902 Higgins Ferry Apt. 053					Medicare wages and tips		6 Medicare tax withheld				
					281717.1			8169.8			
Brandonton SD 65359-0446				7 8	7 Social security tips			8 Allocated tips			
					300868.08			281717.1			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
186064								195			
e Employee's first name and in	itial Last name			11 N	11 Nonqualified plans			12a See instructions for box 12			
Lawrence Smith 74875 Hall Mill Lake Morganview MI 46640-7819					152			G 9219			
					tory Retirement Third byee plan sick	-party pay	12b	ı			
					x			853			
					14 Other (see enclosed Notice to Employee)			12c			
								531			
							12d				
								667			
f Employee's address and ZIP code							Н	100.			
	Employer's state ID number 16 State wages, tips, etc. 17 State income ta		ах	18 Local wages, tips, etc. 19		Local income	tax	20 Locality name			
NJ 838-	06-590	130145.39	7323.03		283836.74	4.	5645.3	2	Graham Village		
HI 402-	01-603	112583.99	5987.78		192178.79	3:	3343.1	9	Samuel Crossroad		

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

