REISSUED a	Employee's social security number			Safe	, Accurate,	e <b>D</b>	A HI O	Visit the	IRS Website
STATEMENT	871-26-1992	OMB N	o. 1545-00	08 <b>FAS</b>	Γ! Use	<b>G</b>	<b>file</b>	at www.i	rs.gov/efile.
b Employer identification number			1 Wages, tips, other compensation				Federal income tax withheld		
50-0203526			130027.88				40288.73		
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld		
Kelley, Barber and Garcia and Sons			153354.55				11731.62		
001 Martinez Rapid East Maureenberg SC 99127-3419			5 Medicare wages and tips				6 Medicare tax withheld		
			158104.08				4585.02		
			7 Social security tips				8 Allocated tips		
			153354.55				158104.08		
d Control number			9 Advance EIC payment				10 Dependent care benefits		
9925347								116	
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12		
Lisa Williams			141				P 3680		
			13 Statutory Retirement Third-party employee plan sick pay				12b	1	
404 Jackson Mills Apt. 645			empio	X	X		G	900	
Valeriefort VA 05465-3084			14 Other (see enclosed Notice to Employee)			ree)	12c	1	
							E	252	
						-	12d		
							D	354	
f Employee's address and ZIP code								334	
15 State Employer's state ID numb	ber 16 State wages, tips, etc.	17 State income tax		18 Local wages	s, tips, etc.	19 Lo	ocal income ta	(	20 Locality name
AK 232-62-	955 58832.95	2453.53		166109.35		203	0338.25		Mcintosh Pike
sc 760-13-	307 62260.84	2292.88		109877.55 2		226	22650.65		Vanessa Springs

Wage and Tax

Form W-2

5070 **Statement** 

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.

REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if 871-26-1992 OMB No. 1545-0008 **STATEMENT** this income is taxable and you fail to report it. **b** Employer identification number Wages, tips, other compensation Federal income tax withheld 50-0203526 130027.88 40288.73 c Employer's name, address, and ZIP code Social security wages Social security tax withheld 11731.62 Kelley, Barber and Garcia and Sons 153354.55 Medicare wages and tips Medicare tax withheld 001 Martinez Rapid 158104.08 4585.02 East Maureenberg SC 99127-3419 Social security tips Allocated tips 153354.55 158104.08 d Control number Advance EIC payment 10 Dependent care benefits 9925347 116 e Employee's first name and initial See instructions for box 12 Last name Nonqualified plans 12a 141 P 3680 Lisa Williams 13 Statutory Third-party 12b sick pay 404 Jackson Mills Apt. 645 900 X X G Other (see enclosed Notice to Employee) 12c Valeriefort VA 05465-3084 E 252 12d 354 D f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 232-62-955 58832.95 2453.53 166109.35 20338.25 AK Mcintosh Pike 760-13-307 109877.55 SC 62260.84 2292.88 22650.65 Vanessa Springs

Cut here. Keep lower portion for your records.

Wage and Tax

Statement Form W-2 Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

