REISSUED a Employee's	social security number			Safe, Accu	rate,			Visit the	IRS Website			
STATEMENT	171-33-0058	OMB N	o. 1545-0	008 FAST! Use				at www.ii	rs.gov/efile.			
b Employer identification number			1 '	Wages, tips, other compe	nsation	2	Federa	l income tax	withheld			
02-5191415				130809.33				18776.37				
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld					
Schneider, Smith and Swanson Inc			92437.43			7	7071.46					
0807 Riley Ridges Suite 378			5 Medicare wages and tips			6						
South Ann RI 61311-2047			120111.49				3483.23					
South Ann RI 61311-2047			7 Social security tips			8	8 Allocated tips					
				92437.43					11.49			
d Control number			9 /	Advance EIC payment		10	Depend	dent care be	enefits			
7005736							287					
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12					
Theresa Pratt			291				1066					
			13 Statutory Retirement Third-party			12b						
8012 Lee Place Suite 135			emp	loyee plan	sick pay			866				
Port Dennis NM 08741-8764			14 Other (see enclosed Notice to Employee)			e) 12c		i				
							P	172				
						12d	12d					
							н	338				
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, e	tc.	19 Local in	come tax	(20 Locality name			
NH 760-81-048	59986.01	6813.83		103069.68	<u>:</u>	23762	.87		Daniel Causeway			
WA 062-89-210	69845.62	7552.96		131368.35		24334	.91		Shawn Garden			

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.

F	REISSUED	a Employee's soci	•		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						
S	TATEMENT	1	71-33-0058	OMB N	OMB No. 1545-0008 to lile 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 Emplo	b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld				
02-5191415					130809.33			18776.37			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Schneider, Smith and Swanson Inc				92437.43			7071.46				
0807 Riley Ridges Suite 378 South Ann RI 61311-2047			5	Medicare wages and tips	6 Medicare tax withheld 3483.23						
				120111.49							
			7 Social security tips			8 Allocated tips					
				92437.43			120111.49				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
7005736							287				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Theresa Pratt			291			1066					
			13 Statutory Retirement Third-party			12b					
8012 Lee Place Suite 135			em	oloyee plan sick pay			86	56			
OUIZ Lee TIACE DUICE 133			14	Other (see enclosed Notice to Employ	(00)	12c					
Port Dennis NM 08741-8764			14	Other (see enclosed Notice to Employ	yee)	120	1				
			!			I	P 172				
								12d			
						F	ı 33	338			
	yee's address and ZIP cod								•		
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax	ne tax 18 Local wages, tips, etc. 19 Local income tax			20 Locality name			
NH	760-81	L-048	59986.01	6813.83		103069.68	23	762.8	37		Daniel Causeway
WA	062-89	9-210	69845.62	7552.96		131368.35 24		24334.91			Shawn Garden

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

