REISSUED a Employee's social security number					Safe, Accurate, Visit the IRS Website						
STATEMENT 373-85-0443				OME	3 No. 1545-00			##file		rs.gov/efile.	
b Employer identification number					1 V	1 Wages, tips, other compensation			Federal income tax withheld		
	51-0291196					85364.78			14042.64		
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld		
Hoffman, Clark and Glenn Ltd						91807.86			7023.3		
18432 Adrienne Crescent Suite 717					5 N				6 Medicare tax withheld		
West Kristin KY 92097-5373						102892.86			2983.89		
					7 S	ocial security tips		8 Allocat			
						91807.86			102892.86		
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits		
1303312									155		
e Emplo	byee's first name and initial	Last name	9		11 N	11 Nonqualified plans			12a See instructions for box 12		
	 • • • •					156			G 3197		
	Christian	Armstro	ng			13 Statutory Retirement Third-party			1		
8365 Katherine Grove Apt. 350					emplo	X	sick pay		712		
New Davidmouth TX 86401-759					14 C	other (see enclosed Noti	ce to Employee	e) 12c	1		
								D	318		
								12d			
								646			
f Emplo	oyee's address and ZIP cod	le									
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income to	ах	18 Local wages, tips,	etc. 1	9 Local income tax	(20 Locality name	
МТ	943-05	-924	46157.16	3700.76		89224.43	1	L4844.62		Amanda Crescent	
со	933-14	-568	38868.36	4146.03		109316.07	9	9853.67		Allen Estates	
Wage and Tax					П	Department of the TreasuryInternal Revenue Service					
Form W-2 Statement				\Box \Box \Box \Box	ıU		•		-		

Statement Form W-2 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.

REISS	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required							
STATE	STATEMENT 373-85-0443 OMB N					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					1 \	Wages, tips, other compensation			2 Federal income tax withheld			
51-0291196						85364.78			14042.64			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Hoffman, Clark and Glenn Ltd						91807.86			7023.3			
18432 Adrienne Crescent Suite 717					5 1	5 Medicare wages and tips			6 Medicare tax withheld			
West Kristin KY 92097-5373					102892.86			2983.89				
					7 Social security tips			8 Allocated tips				
						91807.86			102892.86			
d Control number					9 /	9 Advance EIC payment 10 De			Dependent	pendent care benefits		
1303312									15	55		
e Employee's first name and initial Last name						11 Nonqualified plans 12a See instructions			ctions for box 12			
Christian Armstrone						156			G 3197			
CIII	Christian Armstrong					tory Retirement Thin byee plan sick	d-party nav	12b	ı			
8365 Katherine Grove Apt. 350 New Davidmouth TX 86401-759						x	Ĵ		7:	12		
					14 (Other (see enclosed Notice to E	mployee)	12c	1			
									D 3:	18		
							12d					
									646			
f Employee's address and ZIP code						1				.		
l '	oyer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local inc		20 Locality nam	e	
MT	943-05	5-924	46157.16	3700.76		89224.43	1	4844	. 62	Amanda Creso	cent	
со	933-14	1-568	38868.36	4146.03		109316.07 98		9853.67		Allen Esta	tes	

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

