REISSUED a	Employee's social security number						Visit the	IRS Website		
STATEMENT	650-29-5159	OMB No	o. 1545-00	008 FAST! Us	e	5	le	at www.ii	rs.gov/efile.	
b Employer identification number			1 Wages, tips, other compensation			2	Federal income tax withheld			
94-1028018				133432.95			31339.87			
c Employer's name, address, and ZIP	code		3 Social security wages			4	4 Social security tax withheld			
Jackson Group Inc			112564.6			8	8611.19			
703 Laurie Burgs North Frankfurt ID 40559-7249			5 Medicare wages and tips			6				
			169598.17				4918.35			
			7 Social security tips			8	8 Allocated tips			
				112564.6			169598.17			
d Control number			9 Advance EIC payment			10	10 Dependent care benefits			
1984977						149				
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12			
Daniel Smith			264				н 9918			
Daniei Siii	L CII		13 Statu empl		Third-party sick pay	12b		i		
84362 Ross Flats			X					980		
New Elizabe	th ID 26921-7751		14 (Other (see enclosed Noti	ce to Employe	e) 12c		İ		
							G	660		
						12d		<u>. </u>		
							н	296		
f Employee's address and ZIP code										
15 State Employer's state ID number	er 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local in	come tax		20 Locality name	
NM 258-29-	448 60764.95	8605.11		160014.93 2		20519	20519.0		Mary Valleys	
IA 050-39-	961 62448.28	5703.04		172842.92 2		25520.75			Melendez Drive	

Wage and Tax
Form W-2 Statement

5010

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.

E	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required					
	CLIOOOLD		50-29-5159	OMB N	OMP No. 1545 0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if					
	TATEMENT over identification number	this income is taxable and you rail to report it.					eral income ta	v withheld		
							31339.87			
94-1028018				133432.95			02000101			
c Employer's name, address, and ZIP code				3 Social security wages						
Jackson Group Inc				112564.6			8611.19			
703 Laurie Burgs				5 Medicare wages and tips			6 Medicare tax withheld			
North Frankfurt ID 40559-7249				169598.17			4918.35			
				7 Social security tips			8 Allocated tips			
				112564.6			169598.17			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
1984977							149			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
			264			н 9918				
	Daniel S	Smith			13 Statu	tory Retirement Third-party		12b		
04262 Bass Elaka			employee plan sick pay				000			
84362 Ross Flats				X			980			
New Elizabeth ID 26921-7751			14 Other (see enclosed Notice to Employee)			12c	ı			
						G	660			
							ŀ	12d		
									006	
							н 296			
	yee's address and ZIP coo		140 0444	147 0000		Tao Landana Garage	10.1	ocal income		00 1
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		10 =000				20 Locality name
NM	258-29	9-448	60764.95	8605.11		160014.93 20		0519.0		Mary Valleys
IA	050-39	9-961	62448.28	5703.04		172842.92	25	520.7	5	Melendez Drive

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

