F	REISSUED	a Employee's socia	•			Safe	Accurate,	ee 🖸	CH		Visit the	IRS Webs	ite	
S	TATEMENT	28	37-26-2892	OMB N	lo. 1545-0	0008 FAS	T! Use		7 111	e	at www.i	rs.gov/efile).	
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld					
21-6746112						164354.22			18407.16					
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld				
Wilson, Shannon and Smith Ltd					189559.76				14501.32					
82747 Anita Port Apt. 307 Emilybury CA 96939-5532					5 Medicare wages and tips				6 Medicare tax withheld					
					132632.43				3846.34					
					7 Social security tips				8 Allocated tips					
					189559.76			132632.43						
	ol number				9 Advance EIC payment 10 Dependent care benefits				enefits					
	296435								279					
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12						
- , , - ,					255			D 7055						
	Ashley Lamb					13 Statutory Retirement Third-party employee plan sick pay					Ī			
47550 Russo Mall Suite 861 Whiteport WI 73321-5322					14 Other (see enclosed Notice to Employee)				255					
									12c					
								705						
										12d				
										E	006			
										Ŀ	886			
15 State	oyee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ļ	18 Local wage	s, tips, etc.	19	Local inco	me tax		20 Locality	/ name	
WI	848-60		78114.43	5834.12			2504.29 2		6578.99			Robert		
												1-1-30-0		
ND	722-82	722-82-103 87864.69 4798.86		195814.72		31629.59			John	Ways				

Wage and Tax Statement

Form W-2

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.

F	REISSUED	a Employee's soc	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	2	87-26-2892	OMB N	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 Emplo	b Employer identification number					Wages, tips, other compensation	2 Federal income tax withheld					
21-6746112					164354.22			18407.16				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Wilson, Shannon and Smith Ltd 82747 Anita Port Apt. 307 Emilybury CA 96939-5532						189559.76	14501.32					
					5	Medicare wages and tips	6 Medicare tax withheld 3846.34					
						132632.43						
					7	Social security tips	8 Allocated tips					
						189559.76	132632.43					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	296435								279			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Ashley Lamb					255 13 Statutory Retirement Third-party			D 7055				
	47550 Russo Mall Suite 861					utory Retirement Third-party loyee <u>plan</u> <u>sick pay</u>	12b	l				
						<u> </u> <u>x</u>			255			
Whiteport WI 73321-5322					14	Other (see enclosed Notice to Employ	12c					
					!			705				
									12d			
									E 886			
f Employee's address and ZIP code						Trans.	1.0.			Lag t iii		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		10 = 10 m m g = 1, m p = 1, 1 m m		Local income tax		20 Locality name		
WI	848-60)-590	78114.43	5834.12	182504.29 26		26	6578.99		Robert Falls		
ND	722-82	2-103	87864.69	4798.86		195814.72		629.59	John Ways			

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

