REISSUED STATEMENT	a Employee's social security number 784-52-2665	OMB N	o. 1545-0008	Safe, Accurate, FAST! Use	rse 1	ile		IRS Website rs.gov/efile.		
b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld				
81-6765518				90642.19 3 Social security wages			22932.37 4 Social security tax withheld			
c Employer's name, address, and ZIP code Hayes-Myers Ltd			83951.25			6422.27				
7621 Smith Cliff Suite 474			5 Medicare wages and tips			6 Medicare tax withheld 3035.12				
Ronaldshire WA 69698-1436			104659.17 7 Social security tips			8 Allocated tips				
				951.25				59.17		
d Control number			9 Advance EIC payment			10 Dependent care benefits				
6155885							149			
e Employee's first name and initial	Last name		11 Nonqua	alified plans	12a	See in	structions	for box 12		
Thomas Smith			214 13 Statutory Retirement Third-party			P 2177				
324 Anthony Village Apt. 882 Port Haroldfurt SC 65207-1328			mployee plan sick pay X X 14 Other (see enclosed Notice to Employee)				293			
						G	498			
					12d		1			
f Employee's address and ZIP cod	۵					D	112			
15 State Employer's state ID nu		17 State income tax	18 L	ocal wages, tips, etc.	19 Local i	income ta	х	20 Locality name		
IL 387-74	-505 43333.13	3111.05	64	482.04	1002	9.01		Joshua Fiel		
DC 545-40	45836.89	3954.38	11	2922.31	1313	3.7		Baker Trai		

Wage and Tax

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.

REISSUED	a Employee's socia	al security number			This information is being furnis						
STATEMENT	78	34-52-2665	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 Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld				
81-6765518				90642.19			22932.37				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Hayes-Myers Ltd				83951.25			6422.27				
7621 Smith Cliff Suite 474 Ronaldshire WA 69698-1436				5 Medicare wages and tips			6 Medicare tax withheld				
				104659.17 7 Social security tips			3035.12 8 Allocated tips				
											83951.25
				d Control number			9 Advance EIC payment			10 Dependent care benefits	
6155885								149			
e Employee's first name and initial Last name Thomas Smith 324 Anthony Village Apt. 882 Port Haroldfurt SC 65207-1328			11 Nonqualified plans 214 13 Statutory Retirement Third-party sick pay X X X X			12a See instructions for box 12					
						P 12b					
							293				
			14	14 Other (see enclosed Notice to Employee)			12c				
						G	498				
						12d					
							D	112			
f Employee's address and ZIP control State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	110 1	Local income tax		20 Locality name		
IL 387-7		43333.13	3111.05		· · · · · · · · · · · · · · · · · · ·		0029.01				
TT 201-1	4-303	43333.13	3111.05		04402.04	10	029.01		Joshua Fiel		
DC 545-4	0-435	45836.89	3954.38		112922.31	13	133.7		Baker Trail		

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

