| REISSUED a Employee's social security number | | | | | | Safe, Accurate, | TRS: 4 | »GH | Visit the | e IRS Website | | |
|---|---|---------|----------------------------|---------------------|--|---|-------------------------|------------|---------------------------------|---------------------|--|--|
| S | TATEMENT | 84 | 49-97-6421 | OMB N | lo. 1545-0008 | FAST! Use | | 7 1116 | at www | .irs.gov/efile. | | |
| b Employer identification number | | | | | | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 94-1787336 | | | | | | 218533.71 | | | 32346.88 | | | |
| c Employer's name, address, and ZIP code | | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Singh-Smith Inc | | | | | | 254440.14 | | | 19464.67 | | | |
| 470 James Forks | | | | | | dicare wages and tips | 6 Medicare tax withheld | | | | | |
| | | | | | | 214873.02 | 6231.32 | | | | | |
| North Taylor OR 88458-1903 | | | | | 7 Soc | cial security tips | 8 Allocated tips | | | | | |
| | | | | | | 254440.14 | | | 214873.02 | | | |
| d Control number | | | | | 9 Adv | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 1276285 | | | | | | | | | 237 | | | |
| e Employee's first name and initial Last name | | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| | | | | | | 126 | | | D 2092 | | | |
| | Stephen 1 | Fleming | | | 13 Statutor | 13 Statutory Retirement Third-party | | | | | | |
| 9145 Banks Views Smithside MO 27548-7792 | | | | | employe | employee plan sick pay 4 Other (see enclosed Notice to Employee) | | | 348 | 348 | | |
| | | | | | 14 Oth | | | | | | | |
| | | | | | | | | | 909 | | | |
| | | | | | | | | | 1000 | | | |
| | | | | | | | | G | 705 | | | |
| 4 Fla | | | | | | | | | 705 | | | |
| 15 State | yee's address and ZIP code Employer's state ID num | | 16 State wages, tips, etc. | 17 State income tax | 1 | 8 Local wages, tips, etc. | 19 L | ocal incom | e tax | 20 Locality name | | |
| IN | 054-87- | -640 | 116348.26 | 12518.96 | 2 | 218717.55 | 38 | 413.1 | | Mcpherson Drive | | |
| MI | 157-90- | -764 | 105487.41 | 12826.17 | 2 | 267676.41 | 30 | 278.4 | 13 | Rachel Trafficway | | |
| U | Wage a | nd Tax | 1 | 707 | | Donar | tment : | of the Tro | acury_lntor | nal Revenue Service | | |
| Form W- | Ctatama | | ムロア | U | Department of the TreasuryInternal Revenue Service | | | | | | | |

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.

| F | REISSUED a Employee | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | | | | | | | | |
|---|--|--|---------------------|---|--|---------|------------------|--|-------------------|--|-----------|------------------|--|-----------|--|-----------------------|
| _ | TATEMENT | 849-97-6421 | 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 | oyer identification number | Wages, tips, other compensation | | | Federal income tax withheld | | | | | | | | | | | |
| 94-1787336 | | | | | 218533.71 | | | 32346.88 | | | | | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | | | | | |
| Singh-Smith Inc | | | | | 254440.14 | | | 19464.67 | | | | | | | | |
| 470 James Forks North Taylor OR 88458-1903 | | | | | 5 Medicare wages and tips 214873.02 7 Social security tips | | | 6 Medicare tax withheld 6231.32 8 Allocated tips | | | | | | | | |
| | | | | | | | | | | | 254440.14 | | | 214873.02 | | |
| | | | | | | | | | | | d Contro | d Control number | | | | 9 Advance EIC payment |
| | | | | | | 1276285 | | | | | | 237 | | | | |
| e Emplo | e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | | | | | |
| | | | | 126 | | | D 2092 | | | | | | | | | |
| | Stephen Fleming | | | | 13 Statutory Retirement Third-party | | | , , | | | | | | | | |
| 9145 Banks Views | | | | employee plan sick pay | | | P | 348 | | | | | | | | |
| Smithside MO 27548-7792 | | | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | | | | | | |
| | | | | | | | | 909 | | | | | | | | |
| | | | | | | | | 12d | | | | | | | | |
| | | | | | | | _ | | | | | | | | | |
| | | | | | | | | G 705 | | | | | | | | |
| f Emplo 15 State | byee's address and ZIP code Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | T 10 | Local income tax | | 20 Locality name | | | | | | | |
| | | <u> </u> | | | | | | | • | | | | | | | |
| IN | 054-87-640 | 116348.26 | 12518.96 | | 218717.55 | 38 | 413.1 | | Mcpherson Drive | | | | | | | |
| MI | 157-90-764 | 105487.41 | 12826.17 | | 267676.41 | 30 | 278.43 | | Rachel Trafficway | | | | | | | |

Wage and Tax

Statement Form W-2 Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

