REISSUED a Employee's social security number			Safe, Accurate,	100	THE STATE OF THE S	Visit the IRS Website			
STATEMENT 095-44-0240	OMB No	. 1545-0008	FAST! Use		*file	at www.irs.gov/efile.			
<b>b</b> Employer identification number		1 Wages	1 Wages, tips, other compensation			2 Federal income tax withheld			
34-9013060			918.19		7107.04				
c Employer's name, address, and ZIP code			security wages		4 Social security tax withheld				
Smith Group Group			.517.76		4706.11				
807 Carolyn Drive Apt. 646 Willisburgh VA 02935-9098			are wages and tips		6 Medicare tax withheld				
			646.43		1120.75  8 Allocated tips				
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d Control number			ce EIC payment		10 Depend	dent care benefits			
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e Employee's first name and initial Last name		11 Nonqu	alined plans		12a See in	structions for box 12			
Travis Barnes			226 13 Statutory Retirement Third-party			E 2962			
			Retirement Third- plan sick p	. ,	12b	I			
56650 Johnson Estates Suite 891					H	166			
North Jessicafurt WI 88200-2			(see enclosed Notice to En	nployee)	12c				
					G 592				
					12d				
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f Employee's address and ZIP code									
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax		Local wages, tips, etc.		_ocal income tax	20 Locality name	е		
AR 511-55-241 22721.39	2240.09	57	620.98	85	00.93	Hall Passa	ıge		
WA 348-74-807 23716.02	2251.69	45	636.76	75	51.58	Benjamin Bra	ınch		

Wage and Tax

5070 **Statement** Form W-2

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 socia	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
S	TATEMENT	09	95-44-0240	OMB N	OMB No. 1545-0008 to life 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			Federal income tax withheld				
34-9013060				48918.19			7107.04				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Smith Group Group					61517.76			4706.11			
807 Carolyn Drive Apt. 646					5 1	Medicare wages and tips	6 Medicare tax withheld 1120.75				
Willisburgh VA 02935-9098					38646.43						
				7 Social security tips			8 Allocated tips				
				61517.76			38646.43				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
1729575							150				
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Travis Barnes			226			E 2962					
			13 Statu	ttory Retirement Third-party oyee plan sick pay	12b	ı					
56650 Johnson Estates Suite 891						Н	166				
North Jessicafurt WI 88200-2				14 (	Other (see enclosed Notice to Employ	12c	i				
						G	592				
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	yee's address and ZIP coo		_	_		<u>_</u>	[				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		10 =000 110g00, 11p0, 010		Decal income tax		20 Locality name	
AR	511-55	5-241	22721.39	2240.09		57620.98 85		500.93		Hall	Passage
WA	348-74	l-807	23716.02	2251.69		45636.76	75	51.58		Benjam:	in Branch

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

