REISSUED	a Employee's soci	•			Saf	e, Accurate,	RS D	AHO.	Visit the	IRS Websit	е
STATEMENT	7	79-29-7422	OMB No	. 1545-0	008 <b>FA</b> \$	ST! Use	G	'file	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld			
04-4846350				229756.53				29206.57			
c Employer's name, address, and	ZIP code			3 Social security wages				4 Social security tax withheld			
Smith, Williams and Smith PLC				233513.71				17863.8			
729 Miles Ville South Billy MD 36800-2630				5 Medicare wages and tips				6 Medicare tax withheld			
				253401.26				7348.64			
				7 Social security tips				8 Allocated tips			
				233513.71				253401.26			
d Control number				9 Advance EIC payment				10 Dependent care benefits			
5086337									103		
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12				
Laura Butler			227				G 3031				
			13 Statutory Retirement Third-party			,	12b				
66727 Patrick Stream				employee plan sick pay				P	P 394		
West Steve	en NM	16221-6018		14	Other (see enclo	sed Notice to Emplo	yee)	12c	1		
							P	986			
							12d				
								G	277		
f Employee's address and ZIP co	de								I.		
15 State Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wag	es, tips, etc.	19 Lo	ocal income tax	(	20 Locality	name
NC 974-23	3-223	113107.76	9676.88		173965	.02	331	L03.2		David	Park
UT 684-95	5-828	122480.38	10516.95		162614	.41	286	660.84		Linda Sp	rings

Wage and Tax Statement 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 soc	al security number			This information is being furnis	hed to	the Internal Re	venue Serv	ice. If you are required	
STATEMENT	7	79-29-7422	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			Wages, tips, other compensation			2 Federal income tax withheld				
04-4846350				229756.53			29206.57			
c Employer's name, address, and	d ZIP code			3 Social security wages			4 Social security tax withheld			
Smith, Williams and Smith PLC				233513.71			17863.8			
729 Miles Ville				5 Medicare wages and tips			6 Medicare tax withheld			
South Billy MD 36800-2630				253401.26			7348.64			
				7 Social security tips			8 Allocated tips			
				233513.71			253401.26			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
5086337							103			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Laura Butler			227			G 3031				
			13 Statu			12b				
66727 Patrick Stream				X			P	394		
West Steven NM 16221-6018			14 (	Other (see enclosed Notice to Employ	/ee)	12c	1			
						P	P 986			
						-	12d			
						G	G 277			
f Employee's address and ZIP of	ode									
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		9 Local income tax		20 Locality name	
NC 974-2	3-223	113107.76	9676.88		173965.02 3		3103.2		David Park	
UT 684-9	5-828	122480.38	10516.95		162614.41	28	660.84		Linda Springs	

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

