REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website								ite		
STATEMENT	0:	92-13-4236	OMB N	o. 1545-00	008 F	AST! Use	ms ;		le)	at www.i	rs.gov/efile	٠.		
b Employer identification number					1 Wages, tips, other compensation					income tax	withheld			
65-9696748				148099.69					30168.06					
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld				
Smith LLC Group					186778.0				14288.52					
09939 Mason Bypass Suite 847				5 Medicare wages and tips					6 Medicare tax withheld					
East Lauriefort IA 36710-6863					118270.82					3429.85				
East Laurieiort IA 30/10-0003					7 Social security tips					8 Allocated tips				
					186778.0					118270.82				
d Control number					Advance EIC	payment		10	Depend	lent care be	enefits			
4545415									157					
e Employee's first name and initial Last name				11 Nonqualified plans				12a	12a See instructions for box 12					
Manus IIami likan				234					G 9201					
Mary Hamilton					13 Statutory Retirement Third-party employee plan sick pay					l				
71189 Joseph Burgs									D	368				
East Sarahfort ND 10863-4262					14 Other (see enclosed Notice to Employee)					i				
									306					
								12d	12d					
									H	376				
f Employee's address and	ZIP code									L				
15 State Employer's sta	ate ID number	16 State wages, tips, etc.	17 State income tax	='	18 Local v	vages, tips, et	c. 1	9 Local in	come tax		20 Locality	name		
AL 92	6-29-335	78101.2	4670.57		16064	18.5	1	8139	.38		Karina	Forge		
SD 45	6-70-116	73287.77	6100.52		10811	L9.14	2	22530	.79		Ashley	Spring		

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.

REIS	SSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required										
	EMENT	0.9	92-13-4236	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				
65-9696748						148099.69					30168.06				
c Employer's name, address, and ZIP code						3 Social security wages					4 Social security tax withheld				
Smith LLC Group					186778.0					14288.52					
09939 Mason Bypass Suite 847 East Lauriefort IA 36710-6863					5 Medicare wages and tips					6 Medicare tax withheld					
					118270.82					3429.85					
					7 Social security tips					8 Allocated tips					
					186778.0					118270.82					
d Control number					9 Advance EIC payment					10 Dependent care benefits					
4545415										157					
e Employee's first name and initial Last name					11 Nonqualified plans					12a See instructions for box 12					
Mary Hamilton 71189 Joseph Burgs East Sarahfort ND 10863-4262					234					G 9201					
					13 Statutory Retirement Third-party employee plan sick pay					12b		i			
					X	oyee .	Sick pay			D 368					
					14 Other (see enclosed Notice to Employee)				ree)	12c					
										306					
									F	12d					
											н	376			
									-	11 370					
1 7 7 7 7 7	mployer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local	wages, tips,	etc.	19 Lo	ocal inc	ome tax		20 Locality na	ame	
AL	926-29	9-335	78101.2	4670.57	160648.5			18:	8139.38			Karina F	orge'		
						1			†				†		
SD	456-70)-116	73287.77	6100.52		108119.14 22			22	2530.79			Ashley Sp	pring	

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

