Wage and Tax Statement	Department of the TreasuryInternal Revenue Service								
AL 394-79-498 103406.38 762	28.83	203	203197.48		22612.54		Jeff	Corner	
AR 758-33-862 102101.55 594	14.23	190)572.91	2.91 35192.49 s		Smith	Oval		
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	ate income tax	18 Lo	cal wages, tips, etc.	19 Loca	l income tax		20 Locali	ty name	
f Employee's address and ZIP code				12	?d	938			
48364 Johnson Harbors Suite 178 Thomasmouth NV 84752-5204			se enclosed Notice to Employ	,ee, 12		673			
			Retirement Third-party sick pay sick pay see enclosed Notice to Employ	/ee) 12	н	329			
Jeffrey Jordan			1		3611				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
8781801			LIO payment	"	100				
d Control number			165873.87 9 Advance EIC payment			251581.54 10 Dependent care benefits			
South Megan Ki 32374-1231			ecurity tips	8	8 Allocated tips				
South Megan KY 32574-1231			251581.54 7 Social security tips			7295.86			
618 Woodard Loop Apt. 785			e wages and tips	6	6 Medicare tax withheld				
Cole, Smith and Warner and Sons			873.87		12689.35				
c Employer's name, address, and ZIP code			ecurity wages	4	4 Social security tax withheld				
47-1282507			361.38		47611.36				
b Employer identification number	1		tips, other compensation	2		income tax	U		
STATEMENT 522-45-5671	OMB No. 154	45-0008	FAST! Use	9		at www.ii			
REISSUED a Employee's social security number			Safe, Accurate,		_	Visit the	IRS Web	site	

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.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
ST	ATEMENT	5:	22-45-5671	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 Employe	er identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
47-1282507			220361.38			47611.36					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Cole, Smith and Warner and Sons			165873.87			12689.35					
618 Woodard Loop Apt. 785 South Megan KY 32574-1231				5 1	Medicare wages and tips	6 Medicare tax withheld 7295.86					
					251581.54						
				7 Social security tips			8 Allocated tips				
				165873.87			251581.54				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
8781801						100					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Jeffrey Jordan			167			3611					
			13 State			12b					
48364 Johnson Harbors Suite 178			emp	oyee plan sick pay		Н	329				
mb			14	Other (see enclosed Notice to Employ	ee)	12c					
Thomasmouth NV 84752-5204				•		670					
					673						
								120	I		
						938					
	ee's address and ZIP cod		_				[
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax	(20 Locality name	
AR	758-33	-862	102101.55	5944.23		190572.91	35	192.49		Smith Oval	
AL	394-79	-498	103406.38	7628.83		203197.48	22	612.54		Jeff Corner	

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

