REISSUED a Employee's social	•		Safe, Accurate, Visit the IRS Website						
STATEMENT 18	0-33-4655	OMB N	o. 1545-00	108 FAST! Use		≁file)	at www.ir	s.gov/efile.	
b Employer identification number		•	1 V	Vages, tips, other compensati	on	2 Federa	l income tax	withheld	
64-9993396				138340.75			17819.38		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Daniels Inc and Sons			121414.87			9288.24			
467 Larsen Overpass Apt. 577			5 Medicare wages and tips			6 Medicare tax withheld			
Heathertown CA 90505-6304				133884.44		3882.65			
Heathertown CA 90505-6304			7 Social security tips			8 Allocated tips			
				121414.87				84.44	
d Control number			9 Advance EIC payment			10 Dependent care benefits			
7103364						204			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Elijah Smith			268			2156			
			13 Statu		ird-party	12b			
268 Charles Run			emple	plan sici	k pay	G	389		
Knappton NH 51613-3024			14 Other (see enclosed Notice to Employee)			12c	1		
							881		
						12d			
							401		
f Employee's address and ZIP code							1		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax	(20 Locality name	
RI 508-57-874	73685.18	2952.63		135225.51	19	Matthew Isla		Matthew Island	
AL 734-75-207	65629.6	3214.23		135014.64	24	1459.78		Sarah Station	

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	1	80-33-4655	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				
64-9993396					138340.75			17819.38			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Daniels Inc and Sons				121414.87			9288.24				
467 Larsen Overpass Apt. 577 Heathertown CA 90505-6304			5 Medicare wages and tips			6 Medicare tax withheld					
			133884.44			3882.65					
			7 Social security tips			8 Allocated tips					
				121414.87			133884.44				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
7103364							204				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Elijah Smith			268			2156					
			13 Statutory Retirement Third-party			12b					
268 Charles Run			emp	oloyee plan sick pay		G	389				
77				14	Other (see enclosed Notice to Employ	/ee)	12c				
Knappton NH 51613-3024					-		001				
			ļ			881					
								12d			
							401				
	yee's address and ZIP coo						, l				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		10 2000 110 200 110 110		9 Local income tax		20 Locality name	
RI	508-57	7-874	73685.18	2952.63		135225.51 1		19565.7		Matthew Island	
AL	734-75	5-207	65629.6	3214.23		135014.64	24	459.78		Sarah Station	

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

