RE	EISSUED	a Employee's socia	l security number				Safe, Acc	urate,	0 .6		Visit the	IRS Website	
STA	ATEMENT	14	0-92-7917	OMB	No. 1545-	8000	FAST! Us	e	G~I	le)	at www.i	rs.gov/efile.	
<b>b</b> Employe	r identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld			
8	8-6822605					211752.42				43841.81			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Smith, Lopez and Perez PLC						161335.01				12342.13			
685 Peterson Squares Suite 947					5					6 Medicare tax withheld			
Roachland IN 90407-8682						230404 . 8 7 Social security tips				6681.74  8 Allocated tips			
					7	<i>,</i> ,							
						161335.01				230404.8			
d Control n					9	9 Advance EIC payment 1			10	10 Dependent care benefits			
	091762									235			
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a	12a See instructions for box 12			
						113				E 5104			
K	Regina All	.en				13 Statutory Retirement Third-party employee plan sick pay			12b		1		
385 Brown Mall Apt. 348 South Daniel FL 38346-0174					eiii	14 Other (see enclosed Notice to Employee)					829		
					14						1		
										H	877		
									12d	12d			
										D	839		
f Employee's address and ZIP code													
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income ta	ax	18 Loc	al wages, tips,	etc.	19 Local ii	come tax	(	20 Locality name	
NC	673-71	-988	98986.61	6161.49		149	199.08		37653	3.92		Chris Stravenue	
VT	733-70	-908	113234.85	7615.71		153	896.02		23347	.49		Crystal Spring	

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.

R	REISSUED a Employee's social security number This information is being furnished to the Internal Reven					Revenue Serv	ice. If you are required					
	ATEMENT	14	0-92-7917	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>b</b> Employ	b Employer identification number				1 V	Vages, tips, other compensation	2 Federal income tax withheld					
88-6822605						211752.42	43841.81					
<b>c</b> Employ	er's name, address, and 2	ZIP code			3 Social security wages			4 Social security tax withheld				
Smith, Lopez and Perez PLC					161335.01			12342.13				
685 Peterson Squares Suite 947					5 N	ledicare wages and tips	6 Medicare tax withheld					
-					230404.8	6681.74						
1	Roachland IN 90407-8682				<b>7</b> S	ocial security tips	8 Allocated tips					
						161335.01	230404.8					
d Control number					9 Advance EIC payment			10 Dependent care benefits				
3	3091762								235			
e Employ	ee's first name and initial	Last name	1		11 Nonqualified plans			12a See instructions for box 12				
Regina Allen				113  13 Statutory Retirement Third-party			E 5104					
:	385 Brown Mall Apt. 348				employee plan sick pay  X  Other (see enclosed Notice to Employee)				829			
	South Daniel FL 38346-0174					Other (see enclosed Notice to Employ	12c					
					ļ			н	877			
								12d				
									D 839			
f Employee's address and ZIP code					<u></u>							
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3,1,1,1,1		Local income tax		20 Locality name		
NC	673-71	-988	98986.61	6161.49		149199.08	37	653.9	2	Chris Stravenue		
VT	733-70	-908	113234.85	7615.71		153896.02	23	347.4	9	Crystal Spring		

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

