REISSUED a Employee's social security number						Safe, Accurat		~file		IRS Website	
	TATEMENT	83	10-39-7070	OM	B No. 1545-00		_			rs.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld		
03-5063871						160828.24			18703.12		
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld		
Fernandez-Leblanc and Sons						159329.78			12188.73		
8449 Meagan Spring Suite 261						5 Medicare wages and tips			6 Medicare tax withheld		
						189726.0			5502.05		
Isabelview IA 05781-2427					7 S	7 Social security tips			8 Allocated tips		
						159329.78			189726.0		
d Control number						9 Advance EIC payment			10 Dependent care benefits		
5638089									159		
e Employee's first name and initial Last name						11 Nonqualified plans			12a See instructions for box 12		
						132			3519		
James Fritz 7395 Kristine Greens						13 Statutory Retirement Third-party employee plan sick pay			12b		
					emple				G 850		
Rasmussenchester WA 49926-64						other (see enclosed Notice to	Employee)	12c	Ī		
								G	330		
									12d		
								О	684		
f Emplo	ovee's address and ZIP cod	lo.							004		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income t	tax	18 Local wages, tips, etc.	19	Local income tax	:	20 Locality name	
CA	184-26	-555	72874.73	4624.12		135838.71	30	0269.16		Sheila Village	
IN	016-43	3-427	86086.8	3925.15		206905.99	29	9362.64		White Passage	
Wage and Tax						Department of the TreasuryInternal Revenue Service					
Form W.	.₂ Statem	ent									

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.

REISSUED	REISSIED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are									
STATEMENT	81	LO-39-7070	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		
03-5063871					160828.24			18703.12		
c Employer's name, address, ar	3 Social security wages			4 Social security tax withheld						
Fernandez-Leblanc and Sons					159329.78			12188.73		
8449 Meagan Spring Suite 261 Isabelview IA 05781-2427					5 Medicare wages and tips			6 Medicare tax withheld		
					189726.0			5502.05		
					7 Social security tips			8 Allocated tips		
					159329.78			189726.0		
d Control number	9 Advance EIC payment			10 Dependent care benefits						
5638089					159					
e Employee's first name and init	al Last name	9		11 Nonqualified plans 12a S			2a See ins	See instructions for box 12		
James	James Fritz				132 13 Statutory Retirement Third-party			3519		
7395 Kristine Greens Rasmussenchester WA 49926-64					ory Retirement Third-party yee <u>plan</u> <u>sick pay</u>	1	2b	ı		
					x		G	850		
					14 Other (see enclosed Notice to Employee)			12c		
								330		
						1	2d			
								684		
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 Loca	al income tax	(20 Locality name	
CA 184-2	6-555	72874.73	4624.12		135838.71	302	69.16		Sheila Village	
IN 016-4	3-427	86086.8	3925.15		206905.99	293	62.64		White Passage	

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

