REISSUE	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website							te		
STATEME	NT 2:	37-48-1982	OMB N	o. 1545-00	008 <b>FAS</b> 1	! Use	<i>G</i> ~1	ile	at www.i	rs.gov/efile.	-		
b Employer identification number				1 \	1 Wages, tips, other compensation				2 Federal income tax withheld				
22-397	0216			136315.0				15538.87					
c Employer's name, ad	dress, and ZIP code			3 Social security wages				4 Social security tax withheld					
Smith Ltd and Sons				146442.83				11202.88					
1493 Gray Well Apt. 518				5 Medicare wages and tips				6 Medicare tax withheld					
Paulside OH 63996-7730				173400.6				5028.62					
radiside on 03990-7730				7 Social security tips				8 Allocated tips					
				146442.83				173400.6					
d Control number				9 Advance EIC payment 10 Dependent care benefits					enefits				
7530781								202					
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12					
Amondo Houdon				213				6036					
Alland	Amanda Hayden				13 Statutory Retirement Third-party employee plan sick pay				12b				
7418 Johnson Groves Apt. 545				X				E	E 288				
Baileyhaven WY 91138-7529					14 Other (see enclosed Notice to Employee)				1				
								P	244				
			12d										
								E	311				
f Employee's address		_								,			
	state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages	•	19 Local i		(	20 Locality	name		
SD 1	60-10-576	64005.15	6642.41		144322.	84	1845	7.64		Smith	Camp		
GA 7	52-07-056	66484.71	5335.26		152763.	61	2489	4.1		Nicholas (	Causeway		

Wage and Tax

Form W-2 Statement

5010

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.

REISSU	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
STATEME	<b>STATEMENT</b> 237-48-1982 OMB No. 1				this income is taxable and you			i Sanci	lion may be	e imposed o	ii you ii	
<b>b</b> Employer identification	<b>b</b> Employer identification number				Wages, tips, other compensation		Federal income tax withheld					
22-39	22-3970216				136315.0			15538.87				
c Employer's name, a	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Smith Ltd and Sons				146442.83			11202.88					
1493 Gray Well Apt. 518				5	Medicare wages and tips 173400.6	6 Medicare tax withheld						
Paulside OH 63996-7730					5028.62							
				7	8 Allocated tips							
				146442.83			173400.6					
d Control number				9 Advance EIC payment			10 Dependent care benefits					
75307	7530781								202			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
					213			6036				
Amano	Amanda Hayden				atutory Retirement Third-party		12b					
7418 Johnson Groves Apt. 545				employee plan sick pay			]	E	288			
Baileyhaven WY 91138-7529				14 Other (see enclosed Notice to Employee)			12c	Ī				
								P	244			
							12d					
							1	E	311			
f Employee's addres										,		
	r's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local incor			20 Locality	y name	
SD	160-10-576	64005.15	6642.41		144322.84	18	457.	64		Smith	Camp	
GA	752-07-056	66484.71	5335.26		152763.61	24	894.	1		Nicholas	Causeway	

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

