REISSUED a Employee	's social security number		Safe, Accurate, Visit the IRS Website						
STATEMENT	820-96-4077	OMB No	o. 1545-000	8 FAST! Use		- Tile	at www.	.irs.gov/efile.	
b Employer identification number			1 Wages, tips, other compensation			2 Fe	Federal income tax withheld		
90-5338039				99208.24		20	20524.17		
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld		
Armstrong-Franco and Sons			86736.15			6635.32			
4159 Massey Tunnel Apt. 319			5 Medicare wages and tips			6 Medicare tax withheld			
New Valeriefurt MA 91461-5072				121612.87			3526.77		
New Valerierurc MA 91401-3072			7 Social security tips			8 Allocated tips			
				86736.15			121612.87		
d Control number			9 Ad	vance EIC payment		10 De	pendent care b	penefits	
3211817						271			
e Employee's first name and initial La	ast name		11 No	nqualified plans		12a Se	e instructions	for box 12	
Kenneth Schmidt			216			E	P 1704		
			13 Statutory Retirement Third-party employee plan sick pay			12b	i		
544 Sharon Extension			employ	X	SICK Pay	E	930		
New Emily MI	02595-9976		14 Ot	ner (see enclosed Notic	e to Employee	12c	i		
New Limity MI 02333 3370							914		
						12d	1		
						Г	989		
f Employee's address and ZIP code							ı		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	tc. 1	9 Local incom	e tax	20 Locality name	
KY 974-00-228	48381.32	5531.17		93678.73	1	13877.1	L 6	Mccullough Branch	
NC 069-84-754	51523.47	6316.19		73963.8	1	6014.6	52	Tonya Circle	

Wage and Tax

Form W-2 Statement

5070

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.

F	REISSUED	a Employee's soc	ial 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					
S	TATEMENT	8	20-96-4077	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			
90-5338039				99208.24			20524.17			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Armstrong-Franco and Sons				86736.15			6635.32			
4159 Massey Tunnel Apt. 319 New Valeriefurt MA 91461-5072			5 Medicare wages and tips			6 Medicare tax withheld				
			121612.87 7 Social security tips			3526.77 8 Allocated tips				
d Contro	d Control number			9 Advance EIC payment			10 Dependent care benefits			
3211817							271			
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
			216			P 1704				
	Kenneth Schmidt			13 Statutory Retirement Third-party			12b	1		
544 Sharon Extension			emp	pyee plan sick pay		E	930			
New Emily MI 02595-9976			14 (Other (see enclosed Notice to Employ	ree)	12c				
						914				
								12d		
								D	989	
f Emplo	oyee's address and ZIP co	de					ŀ			
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	_ocal income tax		20 Locality name
KY	974-00)-228	48381.32	5531.17		93678.73	13	877.16		Mccullough Branch
NC	069-84	1-754	51523.47	6316.19		73963.8	16	014.62		Tonya Circle

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

