| R | REISSUED | a Employee's socia | • | | | Sa | fe, Accurate, | Re | file | Visit the | IRS Website | | |
|---|---------------------------|--------------------|----------------------------|--------------------|------------|-------------------------------------|-----------------|----------|---------------------------------|--------------------------------|------------------|--|--|
| ST | TATEMENT | 07 | 9-53-8381 | OMB | No. 1545-0 | 0008 F | ST! Use | <i>G</i> | IIIE | at www.i | rs.gov/efile. | | |
| b Employer identification number | | | | | 1 | 1 Wages, tips, other compensation | | | | Federal income tax withheld | | | |
| 63-3265769 | | | | | | 241845.87 | | | | 76476.12 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 | 3 Social security wages | | | | 4 Social security tax withheld | | | |
| Dixon, Buckley and Smith Group | | | | | | 204568.36 | | | | 15649.48 | | | |
| 4862 Sheila Hollow | | | | | 5 | | | | | 6 Medicare tax withheld | | | |
| | | | | | | 284976.82 | | | | 8264.33 | | | |
| | Smithton IA | 6/012 | -4393 | | 7 | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | | | 204568.36 | | | 284976.82 | | | | |
| d Contro | l number | | | | 9 | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 8210849 | | | | | | | | | 165 | | | | |
| e Employee's first name and initial Last name | | | | | 11 | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| | - 11 | | | | | 190 | | | 6597 | | | | |
| John Clayton | | | | | | 13 Statutory Retirement Third-party | | | | | | | |
| 32276 Juarez Orchard | | | | | em | ployee pla | | | н | 165 | | | |
| Williamschester ID 03003-1864 | | | | | 14 | | | | 2c | | | | |
| | | | | | | | | | | 501 | | | |
| | | | | | | | | | 731 | | | | |
| | | | | | | | | | 2d | ĺ | | | |
| | | | | | | | | | G | 115 | | | |
| | yee's address and ZIP cod | | | _ | | | | | | | | | |
| 15 State | Employer's state ID nu | mber | 16 State wages, tips, etc. | 17 State income ta | ax | 18 Local wa | ges, tips, etc. | 19 Loca | al income ta | (| 20 Locality name | | |
| HI | 034-36 | -290 | 118358.04 | 13423.68 | | 30992 | 3.66 | 2669 | 94.3 | | Edward Vista | | |
| | | | | | | | | 1 | | | | | |
| WA | 985-46 | 5-563 | 116343.73 | 10883.25 | 1 | 23325 | 7.94 | 4529 | 91.64 | | Lisa Ridges | | |

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.

| REISSUED | REISSIED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are r | | | | | | | | | |
|---|--|----------------------------|---------------------|----------------------------|---|------------------|---------------------------------|--------------------------------|---------------------|--|
| STATEMENT | to file a tax return, a negligence penalty or other sanction may be imposed on you | | | | | | | | e imposed on you if | |
| b Employer identification number | | | | | Wages, tips, other compensation | | | Federal income tax withheld | | |
| 63-3265769 | | | | | 241845.87 | | | 76476.12 | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | |
| Dixon, Buckley and Smith Group | | | | | 204568.36 | | | 15649.48 | | |
| 4862 Sheila Hollow | | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | |
| Smithton IA 67012-4393 | | | | | 284976.82 | 8264.33 | | | | |
| | | | | | ocial security tips | 8 Allocated tips | | | | |
| | | | | | 204568.36 | | | 284976.82 | | |
| d Control number | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 8210849 | | | | | | | 165 | | | |
| e Employee's first name and initial | Last name |) | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| John Clayton 32276 Juarez Orchard Williamschester ID 03003-1864 | | | | | 190 | | | 6597 | | |
| | | | | | 13 Statutory Retirement Third-party sick pay X X X 14 Other (see enclosed Notice to Employee) | | | | | |
| | | | | | | | | 165 | | |
| | | | | | | | | 12c | | |
| | | | | | | | | 1 | | |
| | | | | | | | | 731 | | |
| | | | | | | | 12d | 1 | | |
| | | | | | | | | G 115 | | |
| f Employee's address and ZIP cod | | | | | | | | | | |
| 15 State Employer's state ID no | ımber | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | | 19 L | Local income to | ax | 20 Locality name | |
| HI 034-36 | 5-290 | 118358.04 | 13423.68 | 309928.66 26 | | 26 | 6694.3 | | Edward Vista | |
| WA 985-46 | 5-563 | 116343.73 | 10883.25 | | 233257.94 | 45 | 291.64 | | Lisa Ridges | |

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

