REISSUED a EMI STATEMENT	oloyee's social security number 190-23-3957	OMB N	o. 1545-000	Safe, Accura FAST! Use	ate,	~file	Visit the IRS Website at www.irs.gov/efile.		
b Employer identification number 81-7705237				1 Wages, tips, other compensation 99216.52			2 Federal income tax withheld 23627.42		
c Employer's name, address, and ZIP code Johnson-Smith PLC 650 Jason Glen Apt. 854				3 Social security wages 123203.89 5 Medicare wages and tips 79116.61			4 Social security tax withheld 9425.1 6 Medicare tax withheld 2294.38		
North Lorraine VT 78956-9007				7 Social security tips 123203.89			8 Allocated tips 79116.61		
d Control number 9575277			9 Advance EIC payment			10 Dependent care benefits 180			
e Employee's first name and initial Kristin Evar 37890 Roman (Martinezstad	Canyon		13 Statuto employ		Third-party sick pay X to Employee)	G 12b G	5814 631 440		
f Employee's address and ZIP code 15 State	16 State wages, tips, etc. 2 52336.8	17 State income tax 3547.37		18 Local wages, tips, etc. 73022.8		Local income tax 3917.86	20 Locality name Franco Coves		
IL 680-75-20	5 54130.38	4317.51		110803.76	1:	3050.87	Katherine Canyon		

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.

REISSUED	a Employee's so	cial security number			This information is being furnis							
STATEMENT		190-23-3957	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					
81-7705237				99216.52			23627.42					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Johnson-Smith PLC				123203.89			9425.1					
650 Jason Glen Apt. 854				5 Medicare wages and tips 79116.61 7 Social security tips			6 Medicare tax withheld 2294.38 8 Allocated tips					
										North Lorraine VT 78956-9007		
										123203.89		
d Control number			9 Advance EIC payment			10 Dependent care benefits						
9575277								180				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Kristin Evans 37890 Roman Canyon Martinezstad FL 47065-0826			251 13 Statutory Retirement Third-party sick pay X X X X 14 Other (see enclosed Notice to Employee)			G 5814						
						G 631						
						440						
							12d D	926				
f Employee's address and Z 15 State Employer's state		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 [ocal income tax	·	20 Locality name			
1 .,	-85-092	52336.8	3547.37		73022.8	_	917.86		Franco Cove			
IL 680	-75-205	54130.38	4317.51		110803.76	130	050.87		Katherine Canyo			

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

