Wage and Tax Statement  Statement						Department of the TreasuryInternal Revenue Service						
SD	542-62	-617	50368.58	2060.31		108848.3		17046	96		Thompson Crescent	
DC	235-77	-203	47161.9	2239.05		85312.49		10328	. 47		Ronnie Knoll	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local in	come tax	(	20 Locality name	
f Emplo	oyee's address and ZIP cod	e						12d		494		
New Zachary NM 84174-6673					14 00	Salisi (dos crisioses rodice to Employee)			G 161			
5032 Webb Ranch Apt. 462					14 Ot	her (see enclosed No	tice to Employe	e) 12c	H	409		
e Employee's first name and initial Last name  Rhonda Lee					employ	13 Statutory Retirement Third-party employee plan sick pay						
						11 Nonqualified plans 212			12a See instructions for box 12 9087			
1432332									299			
d Control number						9 Advance EIC payment			10 Dependent care benefits			
8501 Santiago Meadows Suite 004 South Josephshire LA 28319-0510						123644.62			101854.5			
									8 Allocated tips			
						5 Medicare wages and tips 101854.5				6 Medicare tax withheld 2953.78		
Anderson-Mcintyre Inc						123644.62			9458.81			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
55-2240916						96256.67			33202.48			
b Employer identification number						1 Wages, tips, other compensation			2 Federal income tax withheld			
_	TATEMENT		8-02-7738	OMB N	No. 1545-000	•	100	e~fi	le)		rs.gov/efile.	
	REISSUED	a Employee's socia	l security number			Safe, Acc	curate.			Visit the	IRS Website	

**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.

R	EISSUED	a Employee's socia	al security number							vice. If you are required			
ST	<b>STATEMENT</b> 708-02-7738 OMB N				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 \	Vages, tips, other comp	ensation	2 Fe	2 Federal income tax withheld				
55-2240916						96256.67			33202.48				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Anderson-Mcintyre Inc						123644.62			9458.81				
8501 Santiago Meadows Suite 004					5 1	The state of the s			6 Medicare tax withheld				
	South Josephshire LA 28319-0510					101854.5			2953.78				
_	South Josephshire IA 20319-0310						7 Social security tips			8 Allocated tips			
						123644.62			101854.5				
d Control number						9 Advance EIC payment			10 Dependent care benefits				
1432332									299				
e Employee's first name and initial Last name					11 1	11 Nonqualified plans			12a See instructions for box 12				
_, , _						212			9087				
Rhonda Lee					13 Statutory Retirement Third-party			12b	i				
5032 Webb Ranch Apt. 462 New Zachary NM 84174-6673						x X X Sick pay  14 Other (see enclosed Notice to Employee)			409	409			
									12c				
10. 100.01									G 161				
									12d				
									494				
f Familian	f Employee's address and ZIP code								1272				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income to	ax	18 Local wages, tips,	etc. 1	9 Local incom	e tax	20 Locality name			
DC	235-77		47161.9	2239.05		85312.49		L0328.4	17	Ronnie Knoll			
SD	542-62	2-617	50368.58	2060.31		108848.3	1	L7046.9	6	Thompson Crescent			

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

