REIS	SSUED	a Employee's socia	ll security number				Safe, Accurate,	100	THE STATE OF THE S		Visit the	IRS Web	site	
STAT	EMENT	65	66-72-3424	OMB	No. 1545-0	8000	FAST! Use			e	at www.i	rs.gov/ef	ile.	
b Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld				
86-2017879						98846.38				30113.13				
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld				
Walter, Rivera and Smith Inc					87449.98				6689.92					
39307 Tran Burg				5	5 Medicare wages and tips				6 Medicare tax withheld					
					101079.72				2931.31					
Koo	Kochville ID 64854-5911				7					8 Allocated tips				
						87449.98			101079.72					
d Control number					9	9 Advance EIC payment			10 Dependent care benefits					
17171								263						
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12						
_	-	_				236			P 8514					
Raymond Ray					13 Statutory Retirement Third-party employee plan sick pay					<u>. </u>				
10997 Harmon Meadows						X Name of the state of the stat			E 350					
North Nicoleville WY 76612-2481					14	14 Other (see enclosed Notice to Employee)								
											600			
										H 600				
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										E	411			
f Employee's address and ZIP code												ı		
	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	X		cal wages, tips, etc.		Local inc			20 Loca	·	
WI	733-57	-912	51412.42	3326.44		916	32.34	10	6978	. 82		Lisa	Courts	
RI	023-20	-076	53381.66	4044.79		115	278.16	19	9516	. 64		Gomez	. Lodge	

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.

REISSUED	a Employee's soci	al security number	1		This information is being furnish	hed to	the Internal	Revenue Serv	ice. If you are required		
	, ,	CMB No. 1545 0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if									
b Employer identification number	STATEMENT 030 /2 3424				this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld						
· ·					98846.38		30113.13				
86-2017879											
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Walter, Rivera and Smith Inc					87449.98			6689.92			
39307 Tran Burg Kochville ID 64854-5911					Medicare wages and tips	6 Medicare tax withheld					
					101079.72		2931.31				
					Social security tips		8 Allocated tips				
					87449.98	101079.72					
d Control number					9 Advance EIC payment			10 Dependent care benefits			
17171								263			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
					236			P 8514			
Raymond Ray				13 Statutory Retirement Third-party			12b				
10997 Harmon Meadows					oyee plan sick pay		E	350			
North Nicoleville WY 76612-2481					14 Other (see enclosed Notice to Employee)						
								12c			
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						-	12d				
							_	444			
						Ļ	E	411			
f Employee's address and ZIP code					I do la colonia de la colonia	140.1			Loo 1		
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		3, 1.,		ocal income		20 Locality name		
WI 733-5	7-912	51412.42	3326.44		91632.34		6978.82		Lisa Courts		
								_			
RI 023-2	023-20-076 53381.66 4044.79				115278.16	19	516.6	4	Gomez Lodge		

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

