REISSUED a E	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website								
STATEMENT	684-98-1183	OMB No	o. 1545-00	08 FAST! Us	e		<b>G</b> a	at www.irs.gov/efile.				
b Employer identification number			1 Wages, tips, other compensation			2	2 Federal income tax withheld					
92-1801193	135651.39				31789.72							
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld				
Schmidt PLC PLC				162073.73				12398.64				
866 Samantha Locks Suite 250				5 Medicare wages and tips				6 Medicare tax withheld				
East Amandatown MT 58585-1787				114569.21				3322.51				
East Amandatown MI 36363-1767				7 Social security tips			8 Allocated tips					
				162073.73			114569.21					
d Control number			9 Advance EIC payment			10 Dependent care benefits						
2799396							288					
e Employee's first name and initial	Last name		11 N	onqualified plans		12a	See instr	ructions for box 12				
_			246				D 3284					
Jose Barry				13 Statutory Retirement Third-party employee plan sick pay								
72386 Robbins Port Apt. 594			empio	yee plan	SICK Pay		7	765				
Lake Tinafort IL 80271-5606			14 C	ther (see enclosed Notice	ce to Employee	) 12c	1					
Lane IIIaIoIo II ool/I ooo			1				P 108					
						12d						
							-	179				
f Employee's address and ZIP code							-	173				
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	etc. 1	9 Local inc	ome tax	20 Locality na	ame			
NC 352-65-9	34 68750.44	2345.16		132676.27	1	7669	. 4	Emily F	Keys			
TX 570-91-3	17 67485.14	3265.01		115213.69	2	24664	.12	Hebert F	alls			

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.

REIS	SUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATE	EMENT	68	84-98-1183	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				Wages, tips, other compensation			Federal income tax withheld				
92-1801193					135651.39			31789.72			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Schmidt PLC PLC				162073.73			12398.64				
866 Samantha Locks Suite 250				5 Medicare wages and tips			6 Medicare tax withheld				
East Amandatown MT 58585-1787			114569.21			3322.51					
East Amandatown MT 58585-1787				7 Social security tips			8 Allocated tips				
					162073.73			114569.21			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
2799396							288				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Jose Barry 72386 Robbins Port Apt. 594 Lake Tinafort IL 80271-5606			246			D 3284					
				13 Statu			12b	1			
			emple	pyee plan sick pay			765	5			
			14 (	Other (see enclosed Notice to Employ	ree)	12c					
			1			P 108					
							F	12d			
						179					
	address and ZIP cod										
	nployer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	-	ocal income tax		20 Locality	name
NC	352-65	-934	68750.44	2345.16		132676.27	170	669.4		Emily	Keys
тx	570-91	-317	67485.14	3265.01		115213.69	240	664.12		Hebert	Falls

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

