INCHOOLD . ,	cial security number			Safe, Accura	ite,	A SHO	Visit the IRS Website		
STATEMENT	L29-92-9723	OMB N	o. 1545-00	DOS FAST! Use		*file	at www.irs.gov/efile.		
b Employer identification number			1 \	Wages, tips, other compensa	ation	2 Federa	al income tax withheld		
67-9650293				168229.7			55507.46		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Snyder-Davis and Sons			203213.56			15545.84			
2053 Christine Flats Suite 222			5 Medicare wages and tips			6 Medicare tax withheld			
			134817.87			3909.72			
North Angeltown AK 70501-7751			7 Social security tips			8 Allocated tips			
				203213.56			134817.87		
d Control number			9 /	Advance EIC payment		10 Depen	dent care benefits		
4794789							162		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Samuel Brown			216			5439			
			13 Statutory Retirement Third-party employee plan sick pay			12b	1		
649 Jeff Skyway			X		sick pay	G	542		
Lopezchester VT	43174-1750		14 (Other (see enclosed Notice t	o Employee)	12c	1		
Hopezchester vi 43174 1730						G	940		
						12d			
						н	454		
						п	454		
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	ļ	18 Local wages, tips, etc.	19	Local income tax	x 20 Locality name		
SD 564-69-349	81979.74	9240.2		118226.11		7505.71			
	013/3./4	3240.2		110220.11		7303.71	Anthony Track		
CT 131-94-175	91318.87	9186.06		126622.83	3:	3438.87	Rachel Causeway		

Wage and Tax Statement

Form W-2

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.

REIS	SSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required															
STAT	EMENT	1:	29-92-9723	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													
67-9650293				168229.7			55507.46													
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld												
Snyder-Davis and Sons					203213.56			15545.84												
2053 Christine Flats Suite 222 North Angeltown AK 70501-7751				5 Medicare wages and tips 134817.87 7 Social security tips			6 Medicare tax withheld 3909.72 8 Allocated tips													
															203213.56			134817.87		
										d Control number				9 Advance EIC payment			10 Dependent care benefits			
4794789				ļ			162													
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12														
Samuel Brown			216			5439														
649 Jeff Skyway				13 Statutory Retirement Third-party employee plan sick pay			12b	ı												
							G 542													
Lopezchester VT 43174-1750			14	Other (see enclosed Notice to Employ	yee)	12c														
						G	G 940													
						f	12d													
				!			Н	н 454												
f Employee's	address and ZIP co	de					f		ı											
15 State E	mployer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		ocal income tax	20 Locality name											
SD	564-69	9-349	81979.74	9240.2		118226.11	17	505.71		Anthony Track										
СТ	131-94	l-175	91318.87	9186.06		126622.83	33	438.87		Rachel Causeway										

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

