REISSUED	REISSUED a Employee's social security number			Safe, Accurate,					Visit the IRS Website			
STATEMENT	34	43-94-4288	OMB N	lo. 1545-0	0008 FAST! Use			6	at www.ir	s.gov/efile.		
<b>b</b> Employer identification number				1	Wages, tips, other compens	sation	2	Federal	income tax	withheld		
92-4410709					159319.15			23143.47				
c Employer's name, address, and	ZIP code			3	3 Social security wages			4 Social security tax withheld				
Smith, Boyd and Calderon LLC					158717.86				12141.92			
64427 Scott Cape Suite 441					5 Medicare wages and tips				6 Medicare tax withheld			
Frankshire WI 14626-2732					144417.11				4188.1			
Frankshire Wi 14020-2/32				7				8 Allocated tips				
					158717.86			144417.11				
d Control number					9 Advance EIC payment 10 Dependent car					nefits		
1152512							207					
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
				225			P 2810					
Sarah Chavez					13 Statutory Retirement Third-party employee plan sick pay							
1731 Rebecca Field Apt. 719					plan plan	sick pay		G	504			
East Tammy HI 25358-3252					Other (see enclosed Notice to Employee)							
									850			
									P 850			
									F00			
								H	592			
f Employee's address and ZIP co		16 State wages, tips, etc.	17 State income tax	1	18 Local wages, tips, etc	: 19	Local inc	ome tax		20 Locality name		
MI 663-4		76565.43	4421.49		9		.6652.07			Elizabeth Fall		
111 003-4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			100047.00		0032			Elizabeth fall		
MT 050-3	3-012	85740.07	6858.19		140599.56	2	8128	. 9		Yates Walks		

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
S	TATEMENT	3	43-94-4288	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>b</b> Emplo	b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
92-4410709					159319.15			23143.47				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Smith, Boyd and Calderon LLC					158717.86			12141.92				
64427 Scott Cape Suite 441				5 Medicare wages and tips			6 Medicare tax withheld					
	Frankshire WI 14626-2732				144417.11				4188.1			
Franksnire WI 14626-2732				7 Social security tips			8 Allocated tips					
				158717.86			144417.11					
d Control number				9 Advance EIC payment			10 Dependent care benefits					
	1152512								207			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Sarah Chavez				225  13 Statutory Retirement Third-party			P 2810					
					employee plan sick pay			120		1		
1731 Rebecca Field Apt. 719									G	504		
	East Tammy HI 25358-3252				14 Other (see enclosed Notice to Employee)			12c				
				1				P	P 850			
							12d		l			
								Н	592			
f Employee's address and ZIP code					Trans.	1.0.				Lag I III		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		· · · · · · · · · · · · · · · · · · ·		9 Local income tax			20 Locality name	
MI	663-40	)-343	76565.43	4421.49		186647.88		6652.07			Elizabeth Fall	
мт	050-33	3-012	85740.07	6858.19	140599.56 28		28128.9			Yates Walks		

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

