REI	ISSUED	a Employee's socia	•		Safe, Accurate, Visit the IRS Website						te			
STA	TEMENT	34	13-80-8613	OMB	No. 1545-	0008 F	AST! Use	J		e	at www.i	rs.gov/efile	=	
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld					
27-8847635						112004.03				23835.79				
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld				
Weiss, Anderson and Thompson PLC						100015.62				7651.19				
60855 Joy Ridges Apt. 138 Toddtown MT 75306-0951					5	The state of the s				6 Medicare tax withheld				
						115002.46				3335.07				
10	Todatown MT /5306-0951					7 Social security tips				8 Allocated tips				
						100015.62			115002.46					
d Control number					9					enefits				
83	8376483								159					
e Employee's first name and initial Last name					11	11 Nonqualified plans				12a See instructions for box 12				
Eric Smith 41050 Fuentes Spring Port Rodneyside OK 87989-1758					225				2984					
					13 Statutory Retirement Third-party employee plan sick pay				12b		ı			
						X X X 14 Other (see enclosed Notice to Employee)				G 729				
					14					12c				
										E	E 671			
										12d				
										E	442			
f Employee's address and ZIP code														
	Employer's state ID nur		16 State wages, tips, etc.	17 State income tax	(18 Local w	ages, tips, etc.	19	Local inc	ome tax		20 Locality	name	
LA	039-84	-285	53925.06	2991.86		86115	5.1	17	712	. 42		Christina	Gardens	
СО	106-67	-746	51647.08	2292.42		115157.85 1		15	15919.33			Mason	Club	

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.

F	REISSUED	a Employee's soci	•		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	43-80-8613	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Emplo	b Employer identification number					Wages, tips, other compensation		Federal income tax withheld				
27-8847635						112004.03	23835.79					
c Emplo	c Employer's name, address, and ZIP code					Social security wages	4 Social security tax withheld					
Weiss, Anderson and Thompson PLC						100015.62	7651.19					
60855 Joy Ridges Apt. 138					5 1	Medicare wages and tips	6 Medicare tax withheld 3335.07					
						115002.46						
	Toddtown MT 75306-0951					Social security tips	8 Allocated tips					
						100015.62	115002.46					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	8376483								159			
e Emplo	e Employee's first name and initial Last name					Nonqualified plans	12a See instructions for box 12					
Eric Smith					40.00	225	2984					
					13 State emp	utory Retirement Third-party loyee <u>plan</u> <u>sick pay</u>	12b	Ì				
	41050 Fuentes Spring					X X X			G 729			
Port Rodneyside OK 87989-1758					14	Other (see enclosed Notice to Employ	12c					
							E	671				
							12d					
							E	E 442				
f Employee's address and ZIP code						T				T		
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		_ocal income tax		20 Locality name		
LA	039-84	4-285	53925.06	2991.86		86115.1	17	712.42		Christina Gardens		
со	106-6	7-746	51647.08	2292.42		115157.85	15	919.33		Mason Club		

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

