F	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website			
	TATEMENT	69	93-96-3239	OMB N	lo. 1545-00						s.gov/efile.	
b Employer identification number					1 W	1 Wages, tips, other compensation			2 Federal income tax withheld			
	20-2706342					202435.56			40301.71			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Beltran, Smith and Bush Inc						149888.43			11466.46			
76938 Ryan Lake Suite 296									6 Medicare tax withheld			
_						168812.02			4895.55			
North Logan WY 37758-2023					7 S	7 Social security tips			8 Allocated tips			
						149888.43			168812.02			
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits			
7955171									173			
e Emplo	yee's first name and initial	Last name	9		11 N	11 Nonqualified plans			12a See instructions for box 12			
William Rodriguez					122				8814			
						13 Statutory Retirement Third-party employee plan sick pay			12b			
888 Lori Fords					emplo	/ee plan	sick pay		E	692		
	Markstad	AK	46892-5585		14 O	her (see enclosed Notice	to Employee)	12c		İ		
										570		
								12d				
									G	932		
f Emplo	yee's address and ZIP code	2								JJ2		
15 State	Employer's state ID nur		16 State wages, tips, etc.	17 State income tax	1	18 Local wages, tips, et	c. 19	Local inc	ome tax	(20 Locality name	
MD	016-67	-628	97321.19	6124.0		207335.44	2	7412	.74		Wallace Mountains	
MO	698-62	-967	100658.3	8511.95		161756.46	2	9002	.74		Smith Loop	
Wage and Tax						Department of the TreasuryInternal Revenue Service						
Form W-2 Statement					\sqcup	Dopartinon of the Frequency months (Nevertice dervice)						

Statement Form W-2 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.

	ISSUED		ocial security number	OMP N	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							
	STATEMENT				this income is taxable and you fail to report it.							
b Employer identification number					1 Wages, tips, other compensation							
20-2706342					202435.56			40301.71				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Beltran, Smith and Bush Inc					149888.43			11466.46				
76938 Ryan Lake Suite 296 North Logan WY 37758-2023					5 Medicare wages and tips 168812.02			6 Medicare tax withheld 4895.55				
												7 Social security tips
					149888.43			168812.02				
					d Control number					9 Advance EIC payment		
79	7955171								173			
e Employee'	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
William Rodriguez 888 Lori Fords				122 13 Statutory Retirement Third-party sick pay			8814 E 692					
M-	Markstad AK 46892-5585					14 Other (see enclosed Notice to Employee)			12c			
Markstad Ak 40092-3303								570				
								12d				
								G	932			
f Employee'	's address and ZIP cod	de										
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax		20 Locality name		
MD	016-67	7-628	97321.19	6124.0		207335.44	27	412.74		Wallace Mountains		
MO	698-62	2-967	100658.3	8511.95		161756.46	29	002.74		Smith Loop		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

