REISSUED a Employee's social security number					Safe, Accurate, Visit the IRS Website								
S	TATEMENT	80	57-14-7663	OMB	No. 1545-00	08 FAST! Us	е		le)	at www.i	rs.gov/efile	-	
b Employer identification number					1 V	1 Wages, tips, other compensation			Federal income tax withheld				
10-4617231						127131.76			37456.0				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Zimmerman-Dixon and Sons						137398.43			10510.98				
12309 Christina Inlet Apt. 526 Port Dustin CA 15839-8419					5 N					6 Medicare tax withheld			
						152839.82				4432.35			
					7 8	7 Social security tips				8 Allocated tips			
						137398.43				152839.82			
d Control number						9 Advance EIC payment			10 Dependent care benefits				
9856034									262				
e Emplo	yee's first name and initial	Last name			11 N	11 Nonqualified plans			12a See instructions for box 12				
						118				6370			
	Ashley S	mith				13 Statutory Retirement Third-party							
9666 Carl Lakes Suite 098 Antonioborough GA 57440-7056					emple	employee plan sick pay				250			
					14 (ther (see enclosed Noti	ce to Employee	e) 12c		i.			
									G	455			
						ı							
									E	944			
f Emplo	yee's address and ZIP cod	•								722			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	ıx	18 Local wages, tips,	etc. 1	9 Local inc	come tax	(20 Locality	name	
ME	661-77	-440	68366.72	4390.98		128822.97	1	L5247	.16		Boyd	View	
VA	705-02	705-02-427 66586.33 5123.42			113155.52 2		2642.77			Robert	Summit		
<u> </u>	Wane a	nd Tax	•				Denartme	ant of the	Тгеаси	rvIntern	al Revenue	Service	
	Wage and Tax Statement					Department of the TreasuryInternal Revenue Service							
Form W-	. Jalem	CIIL			_								

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.

RI	EISSUED	a Employee's socia	al security number			This information is being furn												
ST	ATEMENT	86	57-14-7663	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										
10-4617231					127131.76			37456.0										
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld										
Zimmerman-Dixon and Sons					137398.43			10510.98										
12309 Christina Inlet Apt. 526 Port Dustin CA 15839-8419					5 Medicare wages and tips 152839.82 7 Social security tips			6 Medicare tax withheld 4432.35 8 Allocated tips										
												137398.43			152839.82			
												d Control	number				9	Advance EIC payment
					9	856034								262				
e Employe	ee's first name and initial	Last name	9		11 Nonqualified plans			12a See instructions for box 12										
	Ashley Smith 9666 Carl Lakes Suite 098				118			6370										
_ F					13 St	atutory Retirement Third-party	у	12b	1									
9									250									
Antonioborough GA 57440-7056					14	Other (see enclosed Notice to Emplo	oyee)	12c	ı									
								G	455									
								12d	1									
								E	944									
	ee's address and ZIP coo						_											
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income ta	х	20 Locality name								
ME	661-77	7-440	68366.72	4390.98		128822.97	15	5247.16		Boyd View								
VA	705-02	2-427	66586.33	5123.42		113155.52	22	2642.77		Robert Summit								

Cut here. Keep lower portion for your records.

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

